

**EAGLE SPRINGS GOLF RESORT'S
YOUTH INFORMATION
2010 SEASON**

YOUTH NAME _____ BIRTHDATE _____
Last First

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE: _____ EMAIL: _____

PARENT/GUARDIAN _____
Name Day Time Phone

PARENT/GUARDIAN _____
Name Day Time Phone

THE FOLLOWING PERSON MAY BE CALLED IN AN EMERGENCY, WHEN PARENT (S) OR GUARDIAN CAN'T BE REACHED, AND HAVE PERMISSION TO REMOVE MY CHILD FROM THE GOLF COURSE IF NECESSARY.

ALTERNATIVE CONTACT _____
Name Day Time Phone

EMERGENCY INFORMATION:

PREFERRED HOSPITAL: _____

PHYSICIAN: NAME _____ PHONE _____

INSURANCE _____

EMERGENCY RELEASE: I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE OR TREATMENT, TO BE USED ONLY IF THE ABOVE NAMED PARENTS OR GUARDIANS CANNOT BE REACHED IMMEDIATELY.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____