



# Gorham Country Club

## 2010

### Junior League



Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Golf Team: \_\_\_\_\_

Birthday: \_\_\_\_\_ Participants must be between the ages of 12-17

GHIN# \_\_\_\_\_ HDCP Index \_\_\_\_\_ Avg Score \_\_\_\_\_

#### Medical Release

We the parents of \_\_\_\_\_, give our consent for emergency medical and surgical treatment of this minor in a licensed hospital, by a licensed physician, should their condition so require it in my absence. I understand that in such case, reasonable attempts would first be made to contact me, time and conditions permitting.

Parent/Guardian Signature \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

League Fee: \$20.00

Check: Payable To: Gorham Country Club

Address: 93 McLellan Road, Gorham ME 04038

Attn: Rick Altham