



Gorham Country Club

2011

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