

**2011  
Greene County Youth Bureau  
William A. Gressick Jr. Golf  
TOURNAMENT REGISTRATION FORM**

# of holes 3-6-9  
Circle one

Name: \_\_\_\_\_ Gender: M F

Email: \_\_\_\_\_ Age as of 9/1: \_\_\_\_\_

Phone # for info: \_\_\_\_\_ Emergency Contact & number: \_\_\_\_\_

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

<u>Tuesday June 28<sup>th</sup></u> Catskill Golf Club Brooks Lane Catskill, NY <input style="float: right; margin-left: 20px;" type="checkbox"/>	<u>Thursday, July 7<sup>th</sup></u> Blackhead Mt. Golf Club Blackhead Mt. Road Round Top, NY <input style="float: right; margin-left: 20px;" type="checkbox"/>	<u>Thursday, July 28<sup>th</sup></u> Christman's Windham House Route 23 Windham, NY <input style="float: right; margin-left: 20px;" type="checkbox"/>	<u>TBA</u> Rip Van Winkle CC Route 23A Palenville, NY <input style="float: right; margin-left: 20px;" type="checkbox"/>
--	--	--	--

*Please mark an X by the tournaments you wish to participate in*

**Participants should be at the club for a 7:30 AM Tee Time unless notified otherwise**

***REQUIRED: Closed toe shoes, sneakers or golf shoes for all tournaments.  
RECOMMENDED: hat/visor, sun screen and bug repellent.  
MUST BRING OWN WATER.***

**Parental consent:**

I consent to allow my child \_\_\_\_\_ to participate in the above- named program. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant or misdirected golf shot, and the risk of my child causing injury to another person or damage to the property of another, and I release, and agree to hold harmless Greene County and all participating sponsors and all employees thereof from any and all liabilities resulting from participation in the program. Initial \_\_\_\_\_

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the authorized staff/designee in charge to arrange for x-rays, hospitalization, proper treatment and/or order injection, anesthesia, surgery, or dental care for my child named above. **Allergies or Medications we need to know about:** \_\_\_\_\_ Initial \_\_\_\_\_

I grant the above- named programs the right to photograph my child, and the right, in perpetuity, to use my child's name, likeness, biographical information in all forms of media (including the internet) in connection with the advertising and promotion of the programs. Initial \_\_\_\_\_

I have read and understand the rules and codes of conduct for children and parents. Initial \_\_\_\_\_

Please list anything that we would need to know in order for this to be a positive experience for your child.  
\_\_\_\_\_  
\_\_\_\_\_

**Registrations must be returned on or before: June 17<sup>th</sup>, 2011**

Greene County Youth Bureau; 411 Main Street; Third Floor, Room 342; Catskill, NY 12414  
PHONE: 518-719-3245, FAX: 719-3578

**Email: [youthbureau@discovergreene.com](mailto:youthbureau@discovergreene.com). Copy, delete lines and type information, electronically sign, save the form and email. Put Jr. Golf in the subject line.**

Parents/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_