Hawk's Landing Golf League
Player Registration Form

Player name	
Address	
Address 2	
City/State/Zip	
Home phone	( )
Cell phone	( )
Email	

Gender ☐

Grade ☐

PAID

YES NO

cash credit check

Date paid _____

Total: _____

Parent #1

Name _____

Phone _____

Email _____

Occupation _____

TEAM SUPERVISOR YES NO

Parent #2

Name _____

Phone _____

Email _____

Occupation _____

TEAM SUPERVISOR YES NO

Practice Day (1st option) _____ Time _____

SKILL LEVEL: **Never Played** **Played few times** **Play Regularly**

Practice Day (2nd option) _____ Time _____

Shirt size _____

- I/We the parents/guardians of the above-named candidate for a position in a golf league, hereby give my/our approval to participate in any and all Golf activities.
- I/We know that participation in golf may result in serious injuries, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local golf league.

Signature _____ Date _____