



Hawk's Landing Golf League Player Registration Form

Player name _____

Email _____

Gender

Cell _____ Home _____

Grade

Parent #1

Parent #2

Name _____

Name _____

Phone _____

Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

TEAM SUPERVISOR YES NO

TEAM SUPERVISOR YES NO

Session 1

Session 3

Monday Tuesday Wednesday Thursday Friday

Monday Tuesday Wednesday Thursday Friday

4:30 pm 6:00 pm

4:30 pm 6:00 pm

Session 2

Session 4

Monday Tuesday Wednesday Thursday Friday

Monday Tuesday Wednesday Thursday Friday

4:30 pm 6:00 pm

4:30 pm 6:00 pm

SKILL LEVEL: Never Played Played few times Play Regularly

PAID
YES NO
cash credit check

Shirt size _____

Date paid _____

Total: _____

- 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 _____