Hawk's Landing Golf Little League Player Registration Form

Golfer name _____ Gender_____ Grade _____

Parent's cell & email _____

Parent #1 _____ Parent #2 _____

Cell _____ Cell _____

Session 1

Tuesday Wednesday Thursday Friday

4:30 pm 6:00 pm

Session 3

Tuesday Wednesday Thursday Friday

4:30 pm 6:00 pm

Session 2

Tuesday Wednesday Thursday Friday

4:30 pm 6:00 pm

NOTES

Grades 4-6 T & Th 4:30 pm | W & F 6:00 pm

Grades K-3 T & Th 6:00 pm | W & F 4:30 pm

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

Rental Clubs _____

PAID

YES NO

cash credit check

Date paid _____

Total _____

- I/We the parents/guardians of the above-named candidate for a position in golf little 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 _____