



**The Hills Country Club  
Junior Golf Player Development Program  
Contract**

**PLAYER INFORMATION:**

Player's Name: \_\_\_\_\_ Member # \_\_\_\_\_

Player's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Team Name: \_\_\_\_\_

School  
Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

As the Coach of the above team, I accept this contract and certify that I believe that all of the information is true, accurate and complete.

\_\_\_\_\_  
(Coach's signature)

\_\_\_\_\_  
(Date)

**The Player, by his/her signature below, and the Player's parents, by their signature below, each certifies that the above information is correct and agrees to the following:**

I, the undersigned, do hereby release The Hills Country Club, Lakeway Country Club and CLUBCORP, its directors, staff, officers, volunteers, as well as an other agents, and officials from any and all liability, accidents, or injuries sustained by the applicant or parent/guardian in connection with The Hills of Lakeway Junior Golf Association..

\_\_\_\_\_  
(Player's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical problems or allergies: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Insurance Phone: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to practice and play in golf tournaments with his/her junior golf club team during the current golf year. If my child is injured or becomes ill playing golf, or in connection with the sport, I authorize the PGA Coach of his/her team to obtain such medical attention as needed, including surgery or emergency care. I agree to pay all medical and hospital charges for my child's treatment. In the event you are unable to contact our family physician, designated above, treatment may be rendered at another clinic, hospital or medical office. As such child's legal parent or guardian, I hereby agree to all of the foregoing.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 4 \_\_\_\_\_**