

Southern Illinois Summer Series Registration Form

SISS Eligible: Incoming Freshmen to Upcoming Seniors, Girls and Boys

<u>Name of Golfer</u>	<u>T-Shirt Size</u>	<u>Age</u>	<u>Email</u>	<u>Cell</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Payment Method and Amount

Eagle Package: \$160 _____

Birdie Package: \$100 _____

Credit Card: \$ _____ Cash: \$ _____ Check: \$ _____

MEDICAL WAIVER

I, _____, am aware than in any instructional sports activity an injury could occur. In the even that my child(ren) sustain injury, I will assume medical responsibility and not hold the golf program, Bruce Dowell, the Club Staff, or Pine Lakes Golf Course responsible.

Emergency Phone Numbers _____

Date: _____ Signature of Parent or Guardian: _____

Guardian Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pine Lakes Staff or Bruce Dowell Signature: _____