

Lag Tour, LLC - YOUTH GOLF LEAGUE MEDICAL RELEASE & LIABILITY WAIVER

Participant Information

Player Name: _____ Date of Birth: _____
Parent/Guardian Name: _____ Phone: _____
Email: _____

Emergency Contact

Name: _____ Phone: _____
Relationship: _____

Medical Information (check/apply as needed)

Allergies: _____
Medical Conditions: _____
Medications: _____

Insurance Information

Provider: _____ Policy #: _____

Authorization & Release

I, the undersigned parent/guardian, authorize staff and representatives of the Youth Golf League to obtain emergency medical care for my child if I cannot be reached.

I understand that participation in golf involves inherent risks. In consideration of my child's participation, I hereby release, waive, and discharge Lag Tour LLC, along with their staff, volunteers, and affiliates, from any and all liability for injuries, illness, or damages arising from participation in league activities.

I certify that my child is physically able to participate and that the information provided above is accurate.

Parent/Guardian Signature

Name (Printed): _____

Signature: _____

Date: _____