

Avondale Junior Golf Program

Print child's name _____

Address _____ Phone# _____

I hereby release and absolve Avondale G.C., West Pines Driving Range, their employees and volunteers from any liability for any accident or injury that might occur as a participant or spectator in any activity sponsored by Avondale G.C., or any practice thereof.

Signature of Parent/Guardian _____ Date _____

EMERGENCY MEDICAL FORM

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Phone# _____

Father's Name _____ Phone# _____

Emergency Contact _____ Phone# _____

PART I or II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called.

DOCTOR _____ PHONE# _____

DENTIST _____ PHONE# _____

LOCAL HOSPITAL _____ PHONE# _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above name doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery. Facts concerning the child's medical history including allergies, medication(s) being taken, and any physical impairments to which a physician should be alerted: _____

SIGNATURE OF PARENT/ GUARDIAN

DATE

PART II – REFUSAL OF CONSENT (do not sign if Part I was completed)

SIGNATURE OF PARENT/GUARDIAN

DATE