

MEDICAL EMERGENCY INFORMATION

Please provide the following medical information. The E.J.G.A. takes your child's safety very seriously. Without the completed medical form, your child will not be able to participate in any activities.

Junior Information

Juniors First Name: _____ Juniors Last Name: _____
Date of Birth: _____ Current Age: _____

In Case of a Emergency

Name of Parent or Legal Guardian: _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____

EMERGENCY CONTACT IF PARENT OR GUARDIAN CAN NOT BE REACHED:

EMERGENCY CONTACT PHONE NUMBER: _____
Parent e-mail Address: _____

Insurance Type, Group # / ID # / and Member Name: _____

Physicians Name: _____ Physicians Phone: _____
Known Allergies / Food Allergies or Medical Problems: _____

My child is Allergic to the following medications: _____

The above named participant should he or she ever need medical attention during any competitive or activity sponsored by the Evansville Junior Golf Association, the Evansville Junior Golf Association or person designated by the Evansville Junior Golf Association, has my permission to take the necessary steps to ensure his or her health well being. The Evansville Junior Golf Association will not be held legally responsible for any serious, injury or death that may result from any provided health care.

Parents or Guardian Signature: _____

Parent or Guardian Printed Signature: _____

Date: _____ Relationship with participant: _____

Yearly Membership Fees and Information

The yearly membership for one Junior Golfer is \$65.00
The yearly membership for a family of two or more is \$100.00

MAKE ALL CHECKS PAYABLE TO:
MAIL TO: E.J.G.A.
3504 Debbie Lane
Evansville, Indiana 47711

REMEMBER IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE E.J.G.A. OFFICE AT (812) 459-3259