



**LAKE CHABOT JUNIOR GOLF ACADEMY
LCJGA PARTICIPATION FORM**

Participant's Name: _____

Telephone: () _____

Address: _____

City: _____ Zip: _____

Participant's Email: _____

Date of Birth (mo/dd/yy): ____/____/____ Age: _____

- Sex: Male *Ethnicity: African American
 Female Asian American
 Caucasian
 Latino
 Native American
 Pacific Islander
 Other Ethnicity

School: _____ Grade: _____

Are you eligible for free/reduced lunch at school? Y N

¹ **Parents:** This information is requested on many of the grant applications we must submit each year in order to receive the financial resources we need to operate the Academy. For this reason, we ask that you be sure to answer these questions. Thank you!

Years of Golf Experience: None
 Less than one year
_____ *number of years*

Do you have a working knowledge of the rules of golf? Y N
Golf Course Etiquette? Y N

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____
Relationship to participant: _____
Address: _____
City: _____ Zip: _____
Home Telephone: () _____ Cell Telephone: () _____

APPLICANT'S AGREEMENT

I agree to abide by all rules and regulations of the Lake Chabot Junior Golf Academy. I understand that my participation in the program may be canceled for failure to abide by said rules.

Participant's Signature: _____ Date: ___/___/___

PARENTAL CONSENT FORM

Permission to participate in the Lake Chabot Junior Golf Academy, which in cooperation with Lake Chabot Golf Course, is given to my minor child (*child's name*) _____, In consideration of participation in this program, I hereby indemnify and hold harmless and release the Lake Chabot Junior Golf Academy and Lake Chabot Golf Course, their agents and employees, from any and all liability for any injury suffered by myself and my child arising from or connected with this program, and I assume all risk for any injuries received.

Caregiver's Name (*Please Print*): _____ Date: ___/___/___

Caregiver's Signature (*Please sign*): _____

Caregiver's Email: _____

Tommy Scales, LCJGA Director
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