



GEORGIA STATE GOLF ASSOCIATION

## ADAPTIVE GOLF REGISTRATION FORM

Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**If Applicable: Seasonal Address:** \_\_\_\_\_

Disability/Impairment: \_\_\_\_\_

\_\_\_\_\_

Birthday Month: \_\_\_\_\_ Day: \_\_\_\_\_ / \_\_\_\_\_ \*year optional

Medical Conditions/Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications/Dosages: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In Case of Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please CHECK level of golf experience: \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Please Explain: \_\_\_\_\_

Additional Comments/Other info in which we should know about you:

\_\_\_\_\_

**Consent and Release Form & Participant Agreement:** Due to the nature of this golf event, I acknowledge all the foregoing risks on my behalf and accept personal responsibility for any illness, injury or damages that may occur with my attendance. I release, waive and hold harmless Georgia State Golf Association, Inc. and it's Foundation, Adaptive Golf Academy, host golf facility, sponsoring organizations and any instructors, directors, volunteers, other participants and/or advertisers involved with event. I grant permission to photograph/film video for purpose of marketing, promoting future adaptive golf programs. I am 18 years or older, agree to the above release and sign it voluntarily:

Signature: \_\_\_\_\_