

Ironwood Golf Club Ironwood Juniors Registration 2018



Junior Member Information

Name: _____

Date of Birth _____

Address: _____

Town: _____ Postal Code: _____

Home Phone: _____

Jr. Member Cell: _____

Jr. Member Email: _____

Parent / Guardian Information

Name: _____

Cell: _____

Email: _____

Medical Information

Health Card #: _____ - _____ - _____ - _____

Are there any medical concerns you feel we should know?

If so, are there any special instructions?

I consent to my child being photographed and it being used for Ironwood Golf Course social media (Facebook, Instagram etc.)

I will/have reviewed the program rules with my child

Parent Signature

Date

