

2025 Crestview C.C. - Junior Golf Enrollment

Play Days - **Thursday**: June 12th & June 26th, July 10th, 17th, 24th, 31st
August 7th

Parent-Junior Tournaments will be held Sunday, August 10th

Golfer _____	Birth Date _____	Age _____	Sex _____		
Member Name _____					
Child of Member <u>Y</u> <u>N</u>	or Grandchild of Member <u>Y</u> <u>N</u>	Member # _____			
Parent's Names _____					
Address _____					
Telephone (h) _____	(o) _____	(cell) _____			
Email _____					
<u>Emergency Contacts</u>					
Name _____	Relationship _____	Phone _____			
Name _____	Relationship _____	Phone _____			
Family Physician _____			Phone _____		
Allergies _____	Other Conditions _____				
<u>Placement</u>					
There are age, score, and/or round requirements for each level					
***Is your child coming from another junior program and new to Crestview Junior Golf? Yes _____					
****If you are unsure of the appropriate level, please place your child in the group with their friends - up to the 6-hole Gold/Red tees level. Beyond this level your junior golfer must complete both the playing ability requirements and pass the bag tag testing.					
<u>Novice Divisions</u>		<u>9-Hole Division</u>		<u>Advanced Division</u>	
See Handout for Start Times		See Handout for Start Times		See Handout for Start Times	
3-Hole 200 yard _____		Red Tee (Girls) _____		Red Tee (Girls) _____	
6-Hole/200 yard _____		White Tee (Boys) _____			
6-Hole/Gold tee (Girls) _____		Bag Tag? Yes _____ No _____		Blue Tee (Boys) _____	
6-Hole/Red tee (Boys) _____					

Parent Scoring Dates - The success of our program is dependent on volunteer parents for scoring.
All parents/grandparents/guardians are encouraged to score at least 3 times per per player participating in the program.

Emergency Treatment Form

To Whom It May Concern:

In case of an emergency occurring during a Crestview Junior Golf event, if neither parent or guardian can be reached, I authorize transportation of my child to the nearest hospital emergency room if such care seems indicated. I authorize a qualified and licensed medical doctor to take all necessary measures in the treatment of: (player's name) _____

Parent/Guardian Signature _____ Date _____