



2024 Spring Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): _____

Address: _____ Gender: Male _____ Female _____

Address 2 (if applicable): _____ Shirt Size : _____ Youth or Adult

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Elementary or Middle School of attendance: _____ *(high school students not eligible)*

Player Experience Survey

Playing experience: _____ yrs.

Average score for 9 holes on Championship or Executive course: _____

Tournament experience: Y / N If yes, which junior tour's: _____

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Phone: _____

Email: _____

Medical Information

Emergency contact: _____

Relationship to player: _____

Phone: _____

Terms and Conditions

- (1) I/We, the parents/guardians hereby give my/our approval to participate in any and all league activities.
- (2) I/We know that participation in golf may result in serious injuries and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Bayside 14u Junior Team Golf League, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Signature: _____

Date: _____

Please submit all league registration forms to League Director Dan Greaves at dan@hearthstonehealthandfitness.com, by mail at 8632A Commerce Dr. Easton, MD 21601, or in person at Hearthstone Health and Fitness.