Carroll Park · Clifton Park · Forest Park
Mount Pleasant · Pine Ridge

BALTIMORE MUNICIPAL GOLF CORPORATION
BMGC JUNIOR GOLF ASSOCIATION APPLICATION
2010

PINE RIDGE GOLF COURSE **PLAYER CARD NO._____**

NAME: _____DATE OF BIRTH:_____

ADDRESS:_____CITY/STATE/ZIP:_____

CITY RESIDENT: Yes_____No_____ **Have Golf Clubs: ___Yes _____No**

HOME PHONE:_____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN PHONE NUMBERS: (WORK, CELL PHONE, PAGER , ETC.)

NAME: _____PHONE: _____ CELL/PAGER:_____

NAME: _____PHONE: _____ CELL/PAGER:_____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN NAMED ABOVE:

NAME: _____RELATIONSHIP:_____PHONE: _____

PLEASE INDICATE PRIOR GOLF EXPERIENCE/MEMBERSHIP:

FOLLOWING MUST BE COMPLETED:

HEALTH INFORMATION: **(Use back of form if necessary)**
If your child has any medical condition that we should be aware of (such as allergies, etc.,) or takes medications, it is very important that you indicate such here.

_____

I HEREBY RELEASE THE BALTIMORE MUNICIPAL GOLF CORPORATION (BMGC) AND THE MAYOR AND CITY COUNCIL OF BALTIMORE CITY, THEIR AGENTS AND EMPLOYEES FROM ALL CLAIMS OF LIABILITY FOR ANY DAMAGES OR INJURIES WHICH MAY OCCUR OR BE SUSTAINED WHILE OUR CHILD IS PARTICIPATING IN THE JUNIOR GOLF PROGRAM. ACCORDINGLY, THIS FORM GRANTS BMGC AND AGENCIES WORKING ON ITS BEHALF PERMISSION TO USE MATERIALS IN MARKETING, PR AND OTHER PROMOTIONAL EFFORTS ASSOCIATED WITH BALTIMORE'S CLASSIC FIVE GOLF COURSES. THIS AUTHORIZATION COVERS THE USE OF ARTWORK, PHOTOGRAPHS, LIKENESSES, NAMES, ETC.

_____ _____
PARENT/GUARDIAN SIGNATURE **DATE**