

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION AND RETURN TO YOUR CHILD'S SCHOOL

ATHLETIC DIRECTOR BY DEADLINE OF **FEBRUARY 16TH OR SOONER.**

MAKE CHECKS PAYABLE TO YOUR SCHOOL. THANK YOU.

LEAGUE FEE: \$25.00 _____ CASH OR _____ CHECK ENCLOSED

PARTICIPANT'S NAME: _____ GRADE: _____

PARENT'S NAME: _____ PHONE NUMBER: _____

T-SHIRT (SELECT ONE):

I HAVE a TEAM GOLF T-SHIRT FROM LAST YEAR: _____

I NEED a TEAM GOLF T-SHIRT THIS YEAR IN SIZE: _____ **ADULT / YOUTH** (CIRCLE ONE)

PICTURES: I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO BE PHOTOGRAPHED DURING GOLF PRACTICE/COMPETITION, AND IT MAY BE UPLOADED TO A SHUTTERFLY PAGE THAT WILL ONLY BE MADE AVAILABLE TO PARENTS AND COACHES OF PARTICIPATING SCHOOLS. THE LINK IS PRIVATE & PASSWORD PROTECTED.

_____ **YES, I GIVE PERMISSION** PARENT SIGNATURE: _____

PARENT EMAIL ADDRESS: _____

_____ **NO, I DO NOT GIVE PERMISSION**

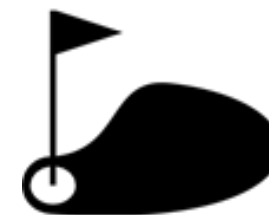
DONATIONS: ANY DONATIONS TO THE LINCOLN CATHOLIC ATHLETIC LEAGUE WOULD BE GREATLY APPRECIATED TO HELP CONTINUE THIS **LOW COST OPPORTUNITY** FOR OUR KIDS. IF INTERESTED, PLEASE EMAIL LEAGUE DIRECTOR, TONY ARENS tony-arens@cdolinc.net OR GOLF LEAGUE COORDINATOR, STEPH KOLBAS STEPHKOLBAS@OUTLOOK.COM

_____ **YES, I am interested in making a donation to the Lincoln Catholic Athletic League!**

Any Amount: \$ _____

_____ **NO, I am NOT interested in making a donation to the Lincoln Catholic Athletic League at this time.**

**2018
JUNIOR
HIGH
CATHOLIC
LEAGUE**



**TEAMS OF 7TH & 8TH GRADE
GIRLS & BOYS WITH 2 OR
MORE PLAYERS FROM EACH
SCHOOL.**

QUESTIONS? CONTACT YOUR

ATHLETIC DIRECTOR

OR STEPHKOLBAS@OUTLOOK.COM



LINCOLN JUNIOR HIGH CATHOLIC LEAGUE:

- **LOCATION: JIM AGER GOLF COURSE**
- **WHEN: FRIDAYS AFTER SCHOOL**
- **TIME: 4:00—5:30 PM**

DATES:

APRIL 6TH, 2018 PRACTICE

APRIL 13TH, 2018 PRACTICE

APRIL 20TH, 2018 PLAY

APRIL 27TH, 2018 COMPETE /

SHOTGUN 9 HOLES

MAY 4TH, 2018 COMPETE /

SHOTGUN 9 HOLES

MAY 18TH, 2018 COMPETE /

SHOTGUN / AWARDS

APPLICATION DEADLINE:

FEBRUARY 16, 2018

PARENT CONSENT FORM

I HEREBY GIVE MY PERMISSION FOR _____ TO PARTICIPATE IN THE
(STUDENT-ATHLETE)

LINCOLN CATHOLIC _____ LEAGUE ON THE _____ GRADE TEAM.
(SPORT) (GRADE)

WE DO ASSUME ALL THE RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY, INCLUDING PRACTICE, TRANSPORTATION TO AND FROM ACTIVITIES AND WE DO FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE LINCOLN CATHOLIC ATHLETIC LEAGUE INCLUDING MY STUDENT'S SCHOOL, ALL ITS EMPLOYEES, AND THE LEAGUE COORDINATOR AND VOLUNTEERS FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED BY MY SON/ DAUGHTER AS A RESULT OF SUCH INJURIES. IF MEDICAL ATTENTION IS REQUIRED FOR INJURY OR ILLNESS WHILE AT CAMP, I GIVE PERMISSION FOR SUCH MEDICAL CARE.

PARENT SIGNATURE: _____

WILL THE PARTICIPANT BE COVERED BY MEDICAL INSURANCE? _____ YES _____ NO

FAMILY POLICY: _____

SPECIAL SCHOOL POLICY: _____

DATE OF SIGNATURE: _____

**BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION AND DETACH AND RETURN
TO YOUR SCHOOL'S ATHLETIC DIRECTOR ASAP.**