

Please complete **both sides** of this registration to your school's
Athletic Director with \$65 by Friday March 1st, 2024

THANK YOU.

REGISTRATION FEE: \$65 (by March 1st)

LATE REGISTRATION FEE: \$70 (by March 8th)

Participant's Name: _____ Grade: _____

Parent's Name: _____ Cell #: _____

T-SHIRT: Please circle the size of t-shirt needed for your child. These will be returned to your AD to keep costs affordable.

Youth Medium / Youth Large / Adult Small / Adult Medium / Adult Large

VOLUNTEERS: To provide the league for kids at a low cost we need parents to help chaperone kids during stations and when out on golf course. If you can help with this, please consider volunteering. We need about 1 adult per 6 kids from each school.

- Yes, I can volunteer for all 5 weeks from 4-5:30pm on Wednesdays.
- Yes, I can volunteer on some Wednesdays. 4/3, 4/10, 4/17, 4/24, 5/1. (please circle)
- No, I am unable to volunteer for the golf league.

*There will be no make-up dates for inclement weather



2024

Junior High Catholic Golf League

- Grades 7 & 8
- Boys & Girls
- Teams formed
- Learning stations
- Scramble competition
- Awards & games





LINCOLN JUNIOR HIGH

CATHOLIC LEAGUE:

Pine Lake Golf Course

- **When:** Wednesdays
- **Time:** 4:00—5:30 pm
- **Dates:** 5 weeks

April 3 — Practice

April 10 — Practice

April 17 — Round 1

April 24 — Round 2

May 1 — Round 3 &
Awards

Application Deadline:

March 1, 2024

PARENT CONSENT FORM

I hereby give my permission for _____ to participate in the
(Student-athlete)

Lincoln Catholic Junior High Golf League on the (check one) _____ 7th grade _____ 8th grade team.

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 / Guardian Name: _____

Parent / Guardian Signature: _____

