

Please complete **both sides** of this registration to your school's
Athletic Director with \$65 by Friday March 3rd, 2025

THANK YOU.

REGISTRATION FEE: \$65 (by March 3rd)

LATE REGISTRATION FEE: \$70 (by March 10th)

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 (Athletic Director) at the completion of Spring League 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 4 weeks from 4- 6 pm on Wednesdays.
- Yes, I can volunteer on some Wednesdays. 4/9, 4/16, 4/23, 4/30. (please circle)
- No, I am unable to volunteer for the golf league.

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



2025

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
6601 S 84th Street

- **When:** Wednesdays
- **Dates & Times:**

Skills & Stations & Games:

April 9 -- 4 pm – 6 pm

April 16 -- 4pm – 6pm

Team Scramble & Awards:

April 23 – 4 pm – 5:45 pm

April 30 – 4 pm – 5:45 pm

Application Deadline:

March 3, 2025

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, I give permission for such medical care.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

