

2011 Lake Michigan Junior Golf Tour
Medical Authorization Form

This form must be submitted in order to participate in any
Lake Michigan Junior Golf Tour events. You will only need to submit the
completed form once, which will cover all events in 2011.

Participant Name _____

Address _____

Birthdate _____

Parent or Guardian Name _____

Parent or Guardian contact phone #'s work _____ cell _____

Home _____ other emergency contact person & # _____

Physician Name/Phone _____

Known Allergies/Physical Conditions _____

I hereby release the above named participant to the care of the Lake Michigan Junior Golf Tour, its staff, and volunteers. Should he/she need medical attention during any competition, The Lake Michigan Junior Golf Tour or a person designated by the Lake Michigan Junior Golf Tour, has my permission to take the necessary steps to ensure his/her health and well-being. The Lake Michigan Junior Golf Tour, its staff, and volunteers will not be held legally responsible for any serious injury or death that may result from any provided health care.

Signed _____ Printed _____

Relationship to Participant _____ Date _____