



Leisure Hour Junior Golf Program

LHJGP

MEDICAL RELEASE FORM

I hereby give my permission, in case of accident and or surgical emergency, to the coaching staff of Leisure Hour Junior Golf Program to seek medical attention and care for my child, _____, and give permission to the treating physician to hospitalize, secure treatment for and to order injection, anesthesia, first aid or surgery for my child as named above according to the medical standard and expertise then and there available whether known or unknown. In case of any emergency, the parent/guardian will be contacted first, if at all possible. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

I agree to hold Leisure Hour Junior Golf Program coaching staff harmless of any liability.

Parent/Guardian Signature _____

Relationship to Golfer _____

Date _____