

Lorain County Metroparks
Forest Hills Golf Course 41971 Oberlin-Elyria Road
Elyria, Ohio 44035
(440) 323-2632

Attention Junior Golfers:

Forest Hills Golf Course will be hosting a junior golf league this summer, for any player between the ages of 13-18 years old. The league will be divided into two divisions, based on the player's experience and competitive level. This league will be played under a 9-hole format, over the course of an eight date schedule. Tee times will start at 11:00am on each of the scheduled league dates.

The schedule dates are: June 5 (Mon)	July 3 (Mon)
June 12 (Mon)	July 10 (Mon)
June 19 (Mon)	July 17 (Mon)
June 26 (Mon)	July 24 (Mon)

Fees for the league will include a \$25.00 registration fee (due prior to June 5), and green fees of \$7.50 for each nine hole round played. Green fees are to be paid on date of play. Please complete the attached registration/medical authorization forms, and mail/return to Forest Hills Golf Course. (Please make all checks payable to TSP Enterprises.) If you have any additional questions regarding the league, contact Tom or Travis Porter at (440) 323-2632.



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2017 Lorain County Summer Golf League

Junior High School / High School

Student's Name: _____ E-mail: _____

Parent(s) / Guardian(s) Name: _____ E-mail: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____

Age (As of June 1st, 2017): _____ Grade (2017-2018): _____

School District: _____ School Attending: _____

Average Score for 9 Holes of Golf: _____ # of Years Playing Golf: _____

Please enclose the \$25 non-refundable deposit (Checks made out to TSP Enterprises), along with this registration form and Emergency Medical form to:

Forest Hills Golf Course
Attention: Lorain County Summer Golf League
41971 Oberlin-Elyria Road
Elyria, OH, 44035

For Office Use Only
Tuition Payment: \$25.00
Date Received: _____

_____ **Cash Payment**

_____ **Check Payment**

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Lorain County Summer Jr. High / High School Golf League Emergency Medical Authorization Form

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Forest Hills authority, when parents or guardians cannot be reached.

Student Name: _____ Student Address: _____

Phone: _____ Date of Birth: _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical Impairment(s) to which a physician should be alerted: _____

Mother's Name _____ Work Phone _____
Address if different from student _____ Home Phone _____

Father's Name _____ Work Phone _____
Address if different from student _____ Home Phone _____

Step Mother's Name _____ Work Phone _____
Step Father's Name _____ Work Phone _____

Person(s) who may be notified and to whom your child may be released if school cannot reach you:

Relative/Neighbor (circle one) 1. _____ Phone _____

Relative/Neighbor (circle one) 2. _____ Phone _____

Dentist to be called _____ Phone _____

Doctor to be called _____ Phone _____

Preferred local hospital _____

PART 1 – TO GRANT CONSENT:

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by about name doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

PART 2 – TO REFUSE CONSENT:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Forest Hills Golf Course authorities to take NO action:

Date _____ Signature of Parent/Guardian _____