REGISTRATION FORM

WildHawk Golf Club 7713 Vineyard Road Sacramento, CA 95829 Phone: (916) 688-4653 Fax: (916) 688-9489 info@wildhawkgolf.com www.wildhawkgolf.com



Date_____

CHILD INFORMATION

Printed Name_____

PARENT INFORMATION

New Participant Returning Participant	Name:
Name:	Address:
Birth Date:Age:Male/Female	City:StateZip:
EthnicityGrade	Phone (H):
Allergies	Phone (W):
OTHER EMERGENCY CONTACT	Email:
Name:	CLASS REGISTRATION
Phone:	Program:
SPECIFY METHOD OF PAYMENT	Dates of Program: Amount: \$
Check MasterCard VISA	Credit Card #:
Expiration Date:	
Signature	_ Date
I have carefully read the description of class(es) for which I/we are registering and in consideration for being permitted by the Southgate Recreation and Park District to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages, for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said activity(ies). This release is intended to discharge in advance the above District (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding by my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies).	
PARENTAL CONSENT (To be completed and signed by parent /guardian if participant is under 18 years of age.) I hereby consent that my son/daughter,	
DISCLAIMER I hereby recognize that the District reserves the right to take photographs at District activities and events, which photographs will be used solely for the purpose of District publications. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE PARK DISTRICT AND I SIGN IT OF MY FREE WILL.	
Signature	