

Long Beach Junior Golf Association
Youth Registration and Emergency Information

Registration #
FOR OFFICE USE ONLY
Yr: 2026 Date: _____
Paid by: _____
Credit Card

Junior's
Name _____ Birthdate _____ Age _____

Parent's or Guardian's
Name _____

Street Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____

E-mail address _____

Emergency
Contact _____ Phone _____

Desired Class Time: 4:00pm 5:00pm

Assessment classes meet on Thursday afternoons at Heartwell GC.
Reservations are required for classes and tee times.

Annual Registration Fee: \$75.00

Parental Consent/Release Agreement

I, _____ am the parent/legal guardian of the minor child named above. I hereby give my permission for said minor to use the driving range, practice facilities and golf course at Heartwell Golf Course.

I hereby agree to indemnify, defend, release, and hold American Golf Corporation, Heartwell Golf Course, its officers, agents, and employees harmless from all allegations, legal actions, damages, judgments, and liabilities of any kind.

I hereby give my permission in the case of injury of said minor for American Golf employees and representatives to administer CPR and/or first aid. I hereby consent to any medical treatment, x-rays and hospital care to be rendered under the supervision of licensed physicians and/or paramedics.

I hereby agree to assume liability and responsibility for said minor's conduct, including any personal injury or property damage which may result from the actions of the minor, even though I choose not to be present or participate in the golf activities referenced above.

Dated _____ Signed _____

Phone _____ Print Name _____