

# Eastern Junior Golf Association

## Membership Registration Form

First Name

Middle Init.

Last Name

This is how I wish my name to appear on the scoreboard.

Date of Birth

HS Grad. Year

Mailing Address

City/State

Zip Code

Parents

Home Telephone

Dad's Work Number

Mom's Work Number

Fax Number

Mobile (Cell) Number

E-Mail Address

Name of Family Physician

Physician's Number

Health Problems

Home Golf Club

City/State

Your USGA Handicap Index

Local Newspaper

City/State

Newspaper E-mail Address

Signature of Parent

By signing and submitting this membership application, I acknowledge that the Eastern Junior Golf Association and the course owners/operators are not liable for any accidents or injuries that occur while participating in an EJGA event. I agree to fully indemnify and hold harmless the EJGA, its agents and volunteers from any damages suffered by my family while participating in or traveling to or from a sponsored event. I authorize the EJGA to release scores and photographs to any newspaper, golf publication, golf website, golf organization or college golf coach. My family and I also agree to abide by the EJGA Code of Conduct and Parent/Spectator Guidelines.

**Please print this form and mail with the \$90.00 membership fee to:**

Eastern Junior Golf Association  
26 Sandpiper Drive  
Whispering Pines, NC 28327