

South Lake Charles Optimist Club Junior Putt-Putt Clinic

Registration Form

(Please Print)

Child's Name _____

Address _____

City, State, Zip Code _____

Contact Name & Phone Number #1 _____

#2 _____

Email Address _____

Birth date Month _____ Day _____ Year _____

Registration Fee \$40 per week _____

\$9 per day _____

South Lake Charles Optimist Club Junior Putt-Putt Clinic permission slip:

I, _____,

give my child, _____,

permission to participate in the South Lake Charles Optimist Clinic Junior Putt-Putt Clinic
June 3-7, 2019 . I further absolve the South Lake Charles Optimist Club, Putt-Putt Family Fun
Center, Lake Area Putting Association, and all of their sponsors from any liability should my
child become ill or injured. I also authorize any qualified physician to attend to my child
should he/she becomes ill or injured.

Signature (Parent or Legal Guardian) _____

Please print name _____

Date ____ / ____ / ____