

JOE RICHER JUNIOR GOLF CLUB

MEMBERSHIP APPLICATION

Membership is open to boys and girls ages 8 through 18 that want to play golf. **Dues are \$30.00***. Those just learning will participate in the **PIT** (players in training club) with clinics and play on our mini 3 hole practice courses. Those who can play an unsupervised nine or eighteen holes of golf in a proficient and timely manner may participate in the **PC** (players club) with play on the regulation course. **Players in Training Clinics are open to every member.** There are also instruction clinics scheduled for the PC Club members only.

**Where need may exist, scholarship funding is available through the Joe Richer Jr. Golf Foundation. Scholarship information and applications are available at each golf shop.*

Name: _____ Male (___) Female (___)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ Date of Birth: _____ School: _____

Existing GHIN # _____ Club: _____

I agree to comply with all the Rules and the Code of Conduct of the Joe Richer Golf Club (JRJGC). I understand that violation of the Rules or Code will result in my suspension or expulsion from the JRJGC.

Junior: _____ Date: _____

(Signature)

Email: _____

PARENT/GUARDIAN INFORMATION/CERTIFICATION

Father's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I, _____ as parent or legal guardian of the applicant, hereby give my approval for his/her participation in the Joe Richer Junior Golf Club and its programs. I understand and assume all risks and hazards incidental to his/her participation. I, for myself and the applicant, hereby release the Joe Richer Junior Golf Club, its committee members, officers and volunteers, Premier Golf Centers, LLC and The City of Everett from any and all liability for any event or consequence whatsoever in any way arising from or relating to the applicant's membership and participation in this junior club and its programs.

Should the applicant require emergency medical care, I hereby authorize any qualified medical doctor to render treatment and to take any and all measures deemed necessary in providing such care.

(Signature)

(Relationship)

(Date)

Return this page with payment to: Joe Richer Jr. Golf Club 144 West Marine View Drive Everett, WA 98201

For office use only - AMT PAID _____ CASH [] CHECK [] Date: _____ Rcvd by: _____