



15th Annual Coquille Indian Tribe
Southwestern Oregon Youth Golf Clinic



Sponsored by:

The Coquille Indian Tribe Community Center and Bandon Dunes Golf Resort

PERMISSION FOR ACTIVITY - MEDICAL INFORMATION
AND RELEASE FORM

(A separate form must be completed for each participant)

I give permission for my child to attend the Southwestern Oregon Youth Golf Clinic to be held at Bandon Dunes Golf Resort Practice Center in Bandon, Oregon on THURSDAY, JUNE 29, 2017

~~ AGE _____ ~~

I hereby release the Coquille Indian Tribe and/or any sponsoring entity from any and all liability for any event or consequences whatsoever in any way arising out of, or relating to the applicant's entry or participation in this summer golf clinic. In case of an emergency occurring during this camp I authorize a qualified medical doctor to take all necessary measures in the treatment of this applicant.

In the event that my child leaves the activity on his/her own accord and that staff cannot find him/her, the staff will contact one of my designated emergency contacts or me immediately.

My child's name is: _____ Age: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Allergies: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____

Signature of parent or guardian: _____ Date: _____

Please mail your signed Activity Release Form to:

Coquille Indian Tribe Community Center
Attention: Luke Clark
P.O. Box 3190
Coos Bay, OR 97420

You may also drop the form off at 591 Miluk Drive, Coos Bay, OR
before June 23, 2017.