

OHIO SOUTH OFFICIAL ENTRY APPLICATION

2017 OHIO OPTIMIST INTERNATIONAL JUNIOR GOLF TOM FRAZIER MEMORIAL - OHIO SOUTH JUNIOR GOLF CHAMPIONSHIPS

This application, accompanied by the **tournament fee of \$80** for all age divisions, must be received by **May 15, 2017**.
Late Registrations Are Up To The Discretion Of The Ohio South Tournament Chairman.

Make checks payable to: Ohio South OIJGC

TYPE OR PRINT LEGIBLY & MAKE SURE YOU HAVE FILLED OUT ALL REQUESTED INFORMATION:

Name: _____ Birth Date: _____

Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Home Phone:(_____)_____

Cell Phone: (_____)_____ School Attended: _____ Class Year: _____

IMPORTANT: A golfer's division is based on his/her age on **July 22, 2017 for Boys 10-13 and Girls 10-12; July 27, 2017 for Boys 14-15 and Girls 13-14 and August 2, 2017 for Boys 16-18 and Girls 15-18**. Contestants cannot have been enrolled in college to compete in this tournament- does not include those taking post-secondary classes.

PLEASE ENTER ME IN THE FOLLOWING AGE DIVISION:

Boys, 16-18 Girls, 15-18 Boys, 14-15 Girls, 13-14 Boys, 12-13 Girls, 10-12 Boys, 10-11

MY AVERAGE SCORE IS _____ FOR 18 HOLES ON A REGULATION COURSE.

**Yankee Trace Golf Club
Dayton, Ohio
Monday, June 5, 2017**



MAIL TO: Jerry Stahley
251 Brookway Road
Dayton, OH 45459
E-Mail: jstahley@aol.com

Questions may be directed to Jerry Stahley at
(937) 604-9921.

***Please make a photocopy of this application
for your records.***

**TEE TIMES WILL BE E-MAILED OR
MAILED 4-7 DAYS BEFORE
TOURNAMENT.**

I certify that I am an amateur player, according to the rules of the U.S. Golf Association, and that the information on this application is true to the best of my knowledge.

SIGNATURE: _____

In consideration of the privilege of my child's participation in the qualifying of the OIJGC, I hereby release the sponsor from any and all liability resulting from any accidents that might occur while he/she is participating.

PARENT'S SIGNATURE: _____ Date: _____

Please include a completed Medical Form that can be downloaded from: <http://golf.optimist.org/oh>

OPTIMIST INTERNATIONAL JUNIOR GOLF CHAMPIONSHIPS
2017 Emergency Medical Authorization

Golfer's Name: _____ Birth Date: _____
Address: _____ Telephone: _____

Purpose: to enable parents and guardians to authorize the provision of emergency treatment for golfers who become ill or injured when parents or guardians cannot be reached.

Mother/Guardian Name: _____
Phone number where I can be reached during event: _____
Father/Guardian Name: _____
Phone number where I can be reached during event: _____

In case of emergency, I hereby give consent for the following care providers to be contacted:

PHYSICIAN: _____ Phone: _____
DENTIST: _____ Phone: _____
MEDICAL SPECIALIST: _____ Phone: _____

In the event reasonable attempts to contact me or other parent/guardian have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the above-mentioned physician(s) or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the golfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the golfer's medical history, including allergies, medications being taken, any physical impairment to which a physician should be alerted:

I hereby give permission for my child, named above, to participate in the 2017 Optimist International Junior Golf Championship. I understand that the hosting golf course, its employees, Optimist International, its members, officers, and volunteers shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in the Optimist International sponsored event.

Date: _____ Signature of Parent/Guardian: _____

PLEASE NOTE: THIS MEDICAL FORM MUST BE FILLED OUT COMPLETELY AND MAILED IN WITH THE ENTRY FORM AND CHECK. HOWEVER, IF YOU HAVE REGISTERED ON-LINE JUST MAIL THIS MEDICAL FORM AND CHECK.