



# Midnight Golf Program®

## Membership Application

Applicants must be 17 years of age by December 31, 2012 to be eligible. Applicants will also be interviewed prior to acceptance to confirm interest. Following the interview, applicants are notified of acceptance. Please print legibly.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender **M or F**

Address: \_\_\_\_\_

City \_\_\_\_\_ State **MI** Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Emergency phone: ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parents Employer : \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_ Employment Status: Y or N

Policy number: \_\_\_\_\_

Do you need transportation home following the sessions? Yes or No \_\_\_\_\_

By completing and signing this membership application for participation in the Midnight Golf Program, I agree to abide by all rules that govern the program. If, at any time during my participation, I fail to abide by the rules, I will adhere to the disciplinary procedures of the Midnight Golf program that could include permanent expulsion. I also understand that participation in the program is strictly voluntary and I cannot, and will not, hold Midnight Golf or any of its employees and/or sponsors responsible for any injuries that may occur as a result of participation in scheduled events or activities.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: Midnight Golf Program P.O. Box 31-1830 Detroit, MI 48231 or fax 248-792-6932**