



Midnight Golf Program®

Membership Application

The Midnight Golf Program invites young men and women 17 years of age by December 31 to join the program. Participants will have an opportunity to learn the game of golf and learn a variety of life skills. There is no cost to join but there is a dress code and attendance requirements. Please print legibly.

Name: _____ Age: _____ Date of birth: _____ Gender **M or F**

Address: _____

City _____ State **FL** 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: _____