



Blind Golf Canada Junior Membership Form

Annual Junior Memberships are *free of charge* to all juniors ages 7-18.

Please forward your fully completed membership form to:

Blind Golf Canada

C/O Darren Douma, VP Administration

#6 - 316 Canyon Street

Creston, BC

V0B 1G3

thedoumas71@gmail.com

(250) 428-8715

Junior Golfer Full Name:

Parents/Guardians Name(s):

Mailing Address:

City:

Province:

Postal Code:

Email:

Primary Phone:

Cell Phone:

Gender:

Date of Birth (M/D/Y):

Dexterity (Left-Handed or Right-handed):

Youth Golfer Height:

Youth Golfer CNIB #:

AUTHORIZATION + WEBSITE, MEDIA, and SOCIAL

I, _____, the undersigned parent/guardian, wish to register my child as a member of Blind Golf Canada, and agree to follow all rules of blind golf according to Blind Golf Canada. I acknowledge that blind golf involves inherent risks and agree to hold BGC harmless, in all cases, including for any injuries or damages. I also agree to ensure that my youth blind golfer will behave with honor, integrity and respect.

I further grant permission to Blind Golf Canada to take pictures/videos of my child, _____, and his/her coach at golf events, and grant permission to allow Blind Golf Canada to share/post any photos or media, of my child & their coach on any/all social and/or media publications to promote blind golf, in perpetuity, as BGC sees fit.

If any concerns or disputes arise, I/we will work together to find a resolution that is fair and agreeable to all parties involved.

SIGNED:

DATED: