

**South Lake Charles Optimist Club Junior Putt-Putt Clinic**  
**Registration Form**  
(Please Print)

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Name & Phone Number #1 \_\_\_\_\_

#2 \_\_\_\_\_

Email Address \_\_\_\_\_

Birth date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Registration Fee \$40 per week \_\_\_\_\_

\$9 per day \_\_\_\_\_

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**South Lake Charles Optimist Club Junior Putt-Putt Clinic permission slip:**

I, \_\_\_\_\_,

give my child, \_\_\_\_\_,

permission to participate in the South Lake Charles Optimist Clinic Junior Putt-Putt Clinic June 5-9, 2017. I further absolve the South Lake Charles Optimist Club, Putt-Putt Family Fun Center, Lake Area Putting Association, and all of their sponsors from any liability should my child become ill or injured. I also authorize any qualified physician to attend to my child should he/she becomes ill or injured.

Signature (Parent or Legal Guardian) \_\_\_\_\_

Please print name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_