



Girls' Golf Participant Information

Parent or Guardian Name:		
Daughter's Name:	Child's Age:	
Email of Parent/ Guardian:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Allergies (food and other):		
Is your child on any medications?		
Does your child have any limitations to physical activity?		
Are there any other special considerations that we should be aware of with your child?		
EMERGENCY CONTACT INFORMATION		
In case of an emergency, whom should we try to contact first? _____ <i>(If you, please provide a second person who may be contacted if you are unavailable. If you list someone else as first contact, you will become the automatic second contact.)</i>		
Name:	Relationship:	
Home Address:		
City:	State:	Zip:
Phone Number:		
<i>I understand that as a participant in the Girls' Golf program, my child may be photographed during the Girls' Golf and understand that these photographs may be used in Center publications.</i>		
Parent/ Guardian Signature:		

Web Address

www.jmu.edu/kinesiology/cppagw

Email Address

morrisonbrucecenter@jmu.edu

Phone #

(Voice) 540-568-4348 (Fax) 540-568-3338

Mailing Address James Madison University, Department of Kinesiology - MSC 2302, 261 Bluestone Drive, Harrisonburg, Virginia 22807