

# OFFICIAL ENTRY APPLICATION

## 2012 OHIO OPTIMIST INTERNATIONAL JUNIOR GOLF CHAMPIONSHIP TOM FRAZIER MEMORIAL OHIO JUNIOR GOLF CHAMPIONSHIP QUALIFIER

This application, accompanied by the tournament fee of \$75 for all age divisions, must be postmarked by April 30, 2012. LATE REGISTRATIONS ARE UP TO THE DISCRETION OF LOCAL TOURNAMENT CHAIRMAN. Checks may be made payable to: OPTIMIST INTERNATIONAL JUNIOR GOLF CHAMPIONSHIP. Registration is subject to availability.

*Type or print full name and address:*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School Attended: \_\_\_\_\_ Class Year: \_\_\_\_\_

**IMPORTANT:** A golfer's division is based on his/her age on July 23, 2012 (for Boys 10-11, 12-13, 14-15 and girls 10-12, 13-14 divisions) and July 29, 2012 (for boys 16-18 and girls 15-18 divisions). Contestants in the senior division, who are 18 years old, cannot have attended college to compete in this tournament.

PLEASE ENTER ME IN THE FOLLOWING AGE DIVISION:

Boys, 16-18  Girls, 15-18  Boys, 14-15  Girls, 13-14  Boys, 12-13  Girls, 10-12  Boys, 10-11

**My average score is \_\_\_\_\_ for 18 holes on a regulation course.**

Mark the Pre-Qualifier Tournament nearest your residence that you will be entering on **Saturday, May 12:**

- Akron - J.E. Good Park Golf Course
- Cleveland - Sweetbriar Golf Course (Avon Lake)
- Columbus - Champions Golf Course
- Dayton - Community Golf Course
- Delphos - Delphos Country Club
- Hamilton - Indian Ridge Golf Center
- Hubbard - Deer Creek Golf Course
- Toledo - Spuyten Duyval Golf Course

MAIL TO: Ken MacDonald  
2438 Lyndon Drive  
Uniontown, OH 44685-8337  
E-Mail: kmacdon@uakron.edu

Questions may be directed to  
Ken MacDonald at (330) 699-5272

*Please make a photocopy of this application for your records.*

**TEE TIMES WILL BE MAILED OR E-MAILED  
4 - 7 DAYS BEFORE THE TOURNAMENT.**

*I certify that I am an amateur player, according to the rules of the U.S. Golf Association, and that the information on this application is true to the best of my knowledge.*

SIGNATURE: \_\_\_\_\_

*In consideration of the privilege of my child's participation in the qualifying of the OIJGC, I herby release the sponsor from any and all liability resulting from any accidents that might occur while he/she is participating.*

PARENT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIMIST INTERNATIONAL JUNIOR GOLF CHAMPIONSHIPS**  
**Emergency Medical Authorization**

Golfer's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

**Purpose:** to enable parents and guardians to authorize the provision of emergency treatment for golfers who become ill or injured when parents or guardians cannot be reached.

Mother/Guardian Name: \_\_\_\_\_

Phone number where I can be reached during event: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Phone number where I can be reached during event: \_\_\_\_\_

In case of emergency, I hereby give consent for the following care providers to be contacted:

PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL SPECIALIST: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me or other parent/guardian have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the above-mentioned physician(s) or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the golfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the golfer's medical history, including allergies, medications being taken, any physical impairments to which a physician should be alerted:

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I hereby give permission for my child, named above, to participate in the 2012 Optimist International Junior Golf Championship. I understand that the hosting golf course, its employees, Optimist International, its members, officers, and volunteers shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in the Optimist International sponsored event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: THIS MEDICAL FORM MUST BE FILLED OUT COMPLETELY AND MAILED IN WITH THE ENTRY FORM AND CHECK. HOWEVER, IF YOU HAVE REGISTERED ON-LINE JUST MAIL THIS MEDICAL FORM AND CHECK.**