

GUIDELINES SIGNATURE PAGE

WE, THE UNDERSIGNED PLAYER AND PLAYER'S PARENTS HAVE READ AND COMPLETELY UNDERSTAND THE EXPRESSED GUIDELINES OF THE ALLEN HIGH SCHOOL GOLF PROGRAM, AND HEREBY AGREE TO THESE AS A PRE-REQUISITE FOR PARTICIPATION IN THE GOLF PROGRAM.

PLAYER SIGNATURE _____ DATE: _____

PARENT SIGNATURE _____ DATE: _____

PLAYER PHONE NUMBER _____

PLAYER E-MAIL ADDRESS _____

PARENT PHONE NUMBER _____

PARENT E-MAIL ADDRESS _____

PARENT PERMISSION FORM

For Transportation to and from Daily Practice

PERSONAL TRANSPORTATION TO THE GOLF COURSES THAT ARE USED FOR DAILY PRACTICE MUST BE ACKNOWLEDGED BY THE PLAYER'S PARENTS AND INDICATED BY THE PARENT'S INITIALS AND SIGNATURE BELOW.

PLEASE INITIAL ALL THAT APPLY

_____ PERMISSION TO DRIVE TO DAILY GOLF PRACTICE.

_____ PERMISSION TO TRANSPORT YOUNGER PLAYERS TO DAILY GOLF PRACTICE AS PRE-ARRANGED.

_____ PERMISSION TO RIDE TO DAILY GOLF PRACTICE WITH OLDER PLAYERS AS PRE-ARRANGED.

_____ MY STUDENT WILL RIDE THE SHUTTLE BUS TO PRACTICE

_____ PARENTS WILL PROVIDE TRANSPORTATION

IT WILL BE THE RESPONSIBILITY OF EACH PLAYER'S PARENTS TO PROVIDE FOR OR ARRANGE TRANSPORTATION HOME FROM THE PRACTICE COURSE EACH DAY FOR THEIR RESPECTIVE PLAYER.

SIGNATURE OF PARENT

_____ DATE: _____

