



16300 Lee Road
Fort Myers, FL 33912
239-334-GOLF
www.alicofamilygolf.com

PLAYER APPLICATION

Player 1: _____
Last First

Player 2: _____
Last First

Email Player 1: _____

Email Player 2: _____

Zip Code Player 1: _____

Zip Code Player 2: _____

Birth Date Player 1: _____

Birth Date Player 2: _____

Contact # Player 1: _____

Contact # Player 2: _____

Handicap 1: _____

Handicap 2: _____

TEAM NAME:

Emergency Contact Name & Phone Number for Team:

Notes:

Health Information

Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your participation in The 9 Hole AFG League Play? Player 1: ___ No ___ Yes Player 2: ___No___ Yes___. If Yes please please explain.

Disability Information

Do you have a disability that may have a bearing on your participation in The 9 Hole AFG League Play? Player 1: ___ No ___ Yes Player 2: ___No___ Yes___ If yes, please explain.

Media Release

We hereby give Alico Family Golf permission to use film, video tape and/or photographs of the above mentioned participant for lawful promotion or informational purposes.

Player 1 Initials: _____ **Player 2 Initials:** _____

Emergency

In the event that we cannot be reached in an emergency, we agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Alico Family Golf representatives. We hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, we agree that all costs shall be the responsibility of the parent or guardian.

Player 1 Initials: _____ **Player 2 Initials:** _____

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The Alico Family Golf

The participant understand and agree to abide by the rules and regulations set forth in The 9 Hole AFG League Play. This includes during events as well as written correspondence and electronic social media interactions. If we fail to do so, there are consequences which may include suspension cancellation of play without refund or being prohibited from participating in future events hosted by Alico Family Golf. Alico Family Golf has absolute discretion in enforcing this policy.

Player 1 Initials: _____ **Player 2 Initials:** _____

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Waiver

We, the participant of the above, give approval for participation in The 9 Hole AFG League Play sponsored activities. We understand that Alico Family Golf is a private organization which benefits from the participation of golfers including The 9 Hole AFG league Play and any of its oversight organizations. We assume all risks of injury whatsoever and agree to hold harmless Alico Family Golf and its oversight organizations from claim(s) of any nature arising from any activity, including transportation, connected with Alico Family Golf or program(s). This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Alico Family Golf and its oversight organizations, employees, PGA Professionals and participating agencies, and volunteers. We consent to Alico Family Golf communicating information regarding my participation via the internet.

Player 1 Signature: _____

Please Print Name: _____

PIYER 2 Signature: _____

Please Print Name: _____