

Spear Golf Club

Phillip Brooks, Junior Golf Chairperson

408-739-1777



JUNIOR MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Birthday _____ Age _____ Grade _____

School Attending _____ School Phone No. _____

School Address _____

Parent/Guardian _____ Business Phone _____

How long have you been playing golf? _____ Established Handicap _____

Do you belong to another golf club? _____ If so, what club(s)? _____

What days can you play golf? _____

A parent/guardian is required to give consent to the Spear Golf Club Representative or any Physician selected authorizing emergency medical treatment for the Junior, whose signature appears below, while participating in a Spear affiliated event. Also listed below is information regarding the youth's medical insurance coverage and any special instructions regarding medical treatment of the youth.

Insurance Carrier _____ Insurance Policy No. _____

Special conditions regarding the youth _____

I agree to hold harmless the Spear Golf Club from any claims of any kind (including damages to me or any property) arising from any activity whatsoever connected with the Spear Golf Club. This agreement includes, but is not limited to, any claims for injury approximately resulting from negligence of the Spear Golf Club or its agents. I have read and understand the above and will abide by it.

Junior Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Return to: Spear Golf Club, P.O. Box 16 – Hamilton Station, Palo Alto, CA 94032

Website: SpearGolf.com

Member of Western States Golf Association (WSGA)