



# JUNIOR PGA CHAMPIONSHIP

## 42<sup>ND</sup> Junior PGA Championship MEDICAL AUTHORIZATION

2017 Junior PGA Championship Section Events. Please fax or email this completed form to your section or bring to the event site according to your section's instructions.

Contestant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND NOTARIZED EVEN IF THE CONTESTANT IS ACCOMPANIED BY HIS PARENT(S)/GUARDIAN.**

To Whom it may concern:

This will introduce my child, \_\_\_\_\_ who is in the care of the

Northern Ohio

(PGA Section)

PGA Section's Tournament Director, during the week of

05/01-09/01

(Event Dates)

, 2017.

Should my child need medical attention during this time, the Northern Ohio PGA Section's

(PGA Section)

Tournament Director or another person designated by him, has my permission to take the necessary steps to ensure his health, well-being and/or other measures that he may deem necessary and appropriate.

Should you have any questions, please call me at:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian - PLEASE PRINT NAME

\_\_\_\_\_  
Parent or Guardian - Signature

\_\_\_\_\_  
Date

### NOTARY

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires