



PGA

Northern Ohio Section

JUNIOR GOLF 2018

MEDICAL AUTHORIZATION

Contestant _____ Date of Birth _____

To whom it may concern:

This will introduce my child _____ who is in the care of the
NOPGA Section, during the junior golf season of 2018.

Should my child need medical attention during this time, the Northern Ohio PGA has my
permission to take the necessary steps to ensure his/her health, well being and/or other
measures that they 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