

**The New York Metro AAU  
High School Golf Classic  
June 9-10, 2009  
Mosholu Golf Course  
Bronx, New York**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**School Grade** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Parent's Name (Please Print)** \_\_\_\_\_

**Local Newspaper Email address:** \_\_\_\_\_

Yes \_\_\_\_\_ I give permission for my child's name, city, state and graduation date to be released to the following associations on

No \_\_\_\_\_ I do not want my child's information released.

I hereby authorize \_\_\_\_\_ to participate in the New York Metro AAU High School Golf Classic, volunteers and participating facilities are not liable for accidents or injuries sustained while playing or participating in The New York Metro AAU High School Golf Classic. I FURTHER HEREBY GRANT AUTHORITY TO ADMINISTER FIRST AID OR MEDICAL TREATMENT AS REQUIRED TO THE ABOVE NAMED CHILD WITHOUT THREAT OR LEGAL ACTION.

**Entry Fee: \$50.00**  
**Must be registered by:**  
**Make payable to:**

**Tournament Information:**  
**-Limit 120 players**  
**-No jeans or denim allowed and no T-shirts**  
**-Soft spikes only**

**Contact Information:**  
**Thomas Palmgren (646) 591-5935 or John Guranga (914) 424-1865**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_