



42ND GIRLS' 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 HER PARENT(S)/GUARDIAN.

To Whom it may concern:

This will introduce my child, _____ who is in the care of the
_____ PGA Section's Tournament Director, during the week of _____, 2017.
(PGA Section) (Event Dates)

Should my child need medical attention during this time, the _____ PGA Section's
(PGA Section)
Tournament Director or another person designated by her, has my permission to take the
necessary steps to ensure her health, well-being and/or other measures that she 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