



THURSDAYS (8 WEEK SEASON) • **TIME: 5:30 PM**
LinRick Golf Course • 356 Campground Road

CO-ED 18+
REGISTRATION:
JANUARY 1-APRIL 30
REGISTER BY MAY 1
REGISTRATION FEE: \$70/PLAYER*

REGISTRATION FEE DEADLINE: MAY 1

***IMPORTANT NOTICE:**
All matches will be played at LinRick Golf Course. Golf carts fee IS NOT included with the registration fee. Golfers will be responsible for paying for their own golf cart if they want to ride the 9 holes. Golf carts are not required.



Make checks payable to RCRC and mail to: **Match Play Golf League • 6429 Bishop Avenue • Columbia, SC 29203**
Phone:(803)754-6720 ext. 221 • Fax: (803)754-5445 • Email: bj@rcrc.state.sc.us

Player: Birth Date: Gender: M F

Email: Parent/Guardian:

Height: Weight: School:

Home Phone: Work Phone: Cell Phone:

Address: City: Zip:

Emergency contact: Relationship:

Home Phone: Work Phone: Cell Phone:

Is there anything we should be aware of regarding your child's health or are there special needs? _____

WAIVER AND RELEASE (Please read this form carefully.):

In signing up and participating in Richland County Recreation Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Richland County Recreation Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

I understand that photographs of my child's participation in this program may be used by the Recreation Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting additional approval.

PARICIPANT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Date Paid: _____ **Location registered at:** _____ **Time:** _____ **Receipt#:** _____ **Fee Paid:** _____

DLN#: _____ **Exp:** _____ **Cash:** _____ **Check#:** _____ **Credit Card#:** _____ **Exp:** _____