

**PARENTAL CONSENT/AUTHORIZATION FOR MINOR  
TO PARTICIPATE IN VILLAGE LINKS CADDIE PROGRAM**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Date of Birth

\_\_\_\_\_  
Primary Phone

[ ] Home [ ] Mobile

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent/Guardian Phone Primary Phone

[ ] Home [ ] Mobile [ ] Work

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

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**PARTICIPANT AS A MINOR:**

I, the undersigned, as Parent/ Guardian, consent to and give permission for my child,  
\_\_\_\_\_, to participate in the Village Links caddy program. I understand the nature of sports and golf activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate as a golf caddy.

I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in the caddy program against the Village of Glen Ellyn, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Village from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with the caddy program. I understand and agree that I will maintain health insurance which covers my child for the duration of the program. I understand and agree that my child will not be an employee of the Village of Glen Ellyn.

I have read and fully understand the foregoing warnings and release of all claims.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date