

**IT'S RELATIVE! MAY 24, 2008**  
**MADISON GOLF COURSE**

**ENTRY FEE:**

\$20.00 per team, plus green fees. This entry fee is required for EACH team the parent/grandparent will play on. For example, if a parent/grandparent chooses to enter with two children, the total entry fee will be \$40.00. Season passes honored. Make checks payable to: Peoria Park District. Entry fee must accompany entry form to secure starting time. Entry fee includes hot dogs and drinks.

**PLAYER ELIGIBILITY:**

All father/mother/grandfather/grandmother and son or daughter team combinations including step family relationships are allowed. In-law relationships are not permitted. Amateurs only. No area restrictions.

**TEE TIMES:**

7:00 a.m. start time. Requests honored if possible.

**DIVISIONS:**

Teams are placed in divisions based on the age of the team's younger member.

*18 Hole Divisions*

Son - Ages 13-15, 16-20, 21 & over

Daughter - Ages 13-15, 16-20, 21 & over

*9 Hole Divisions*

Son - Ages 8-12      Daughter - Ages 8-12

Peoria Handicap System scoring used.

**PRIZES:**

Merchandise gift cards: 1st-3rd place per division.

Trophies: 1st and 2nd per division.

**ENTRY DEADLINE:** *Sunday, May 18, 2008*

*Tee Times will be posted on the Park District's website, or you may call 673-7161 on Thursday, May 22 for pairing information.*

*www.peoriaparks.org/golf*



*Mail to:*

Terry Ridgely  
 Madison Golf Course  
 2735 W Dr. MLK Jr. Dr.  
 Peoria, IL 61604

*Or return in person to any Peoria Park District  
 Golf Course Pro Shop*

**IT'S RELATIVE!**

**SATURDAY, MAY 24, 2008**  
**MADISON GOLF COURSE**

*Entry Deadline Sunday, May 18, 2008*

\_\_\_\_\_  
 Father's/Mother's/Grandfather's/Grandmother's Name

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
 #1 Younger Team Member's Name (circle one below)

Son	Step-Son	Grandson	Step-Grandson
Daughter	Step-Daughter	Granddaughter	Step-Granddaughter
Age _____			

\_\_\_\_\_  
 #2 Younger Team Member's Name (circle one below)

Son	Step-Son	Grandson	Step-Grandson
Daughter	Step-Daughter	Granddaughter	Step-Granddaughter
Age _____			

\_\_\_\_\_  
 #3 Younger Team Member's Name (circle one below)

Son	Step-Son	Grandson	Step-Grandson
Daughter	Step-Daughter	Granddaughter	Step-Granddaughter
Age _____			

*Tee Time Request* \_\_\_\_\_

**LIABILITY FORM ON REVERSE SIDE MUST BE  
 SIGNED BY ALL PARTICIPANTS**

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering yourself, your child or ward for participation in the program described on the reverse side, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees, from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I hereby consent to the use of my photograph or that of my minor child/ward in Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

\_\_\_\_\_  
 #1 Participant's Name (Please print)

\_\_\_\_\_  
 #2 Participant's Name (Please print)

\_\_\_\_\_  
 #3 Participant's Name (Please print)

\_\_\_\_\_  
 #4 Participant's Name (Please print)

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Participant # 1

\_\_\_\_\_  
 Signature of Participant # 2 or Parent/Guardian

\_\_\_\_\_  
 Signature of Participant # 3 or Parent/Guardian

\_\_\_\_\_  
 Signature of Participant # 4 or Parent/Guardian

**IT'S RELATIVE**

**\$20.00**



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