

2016 Junior Practice Membership

Junior Memberships

- ☐ 6 months \$799
- 16 to 24 years of age
 - Must possess a valid driver's license to play alone.

Additional Benefits

- ☐ Discounted green fees
\$30-\$40 / Depending on time of year.
Discounted guest fees
Junior Guest-\$35-\$45
Adult Guest-\$50-\$70
- ☐ Cart fee of \$25 after 5pm (*Space available basis*)
Monday-Friday (*No Holidays*)
Guests \$35
- ☐ Cart fee of \$30 after 5pm (*Space available basis*)
Weekends and Holidays
Guests \$40
- ☐ 20 % discount on apparel
- ☐ 10 % on hard goods (*restrictions may apply*)
- ☐ May book prime time tee times 5 days in advance

Total Fees _____



Dress Code

- No Denim Shorts or Jeans
- No Sweat Pants or Running Pants
- Collared Shirts must be worn at all times including the practice area and golf course

Junior Information

Full Name _____ Date of Birth ____/____/____

Home Address _____ Phone# () _____

City _____ State _____ Zip _____

E-mail Address _____

Parent/Guardian Information*

**If Junior is under 18*

Full Name _____ Date of Birth ____/____/____

Home Address _____ Phone# () _____

City _____ State _____ Zip _____

E-mail Address _____

Emergency Contact Information

If Under 18 years old

Name: _____ Best Contact Number: _____

Relationship to Junior _____

White Clay Creek Country Club reserves the right to terminate the membership any time by giving notice in writing to all members 45 days prior to termination. Upon termination of the membership, the member dues will be refunded to the member on a pro-rata basis for the remaining months in each annual golf program. I fully understand the parameters of the memberships offered and agree to all terms and conditions. The Club will have the right to hold tournaments and other events at the Club, without compensation to the Club for its members on the dates and times selected by the Club. The Club will be marketed in print advertisements and other media. All payments and deposits made toward membership are non-refundable unless following death in which case a refund is provided to a spouse/estate on a pro-rated basis. A membership is non-transferrable. ***Note: No outside alcoholic beverages are permitted on Delaware Park property.***

Authorized Signature _____ Date _____

Club Representative Authorized Signature _____ Date _____

Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment

For and in consideration of participation in any **White Clay Creek Country Club Academy Learning Programs including camps, clinics, schools, lessons, etc. (Activities)**, from (January 1st, 2016 to December 31st, 2016), I hereby RELEASE, FOREVER WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the White Clay Creek Country Club, Delaware Park LLC, Delaware Racing Association, William M. Rickman, Jr. and any of their officers, servants, agents, employees, corporations, and all other persons (hereinafter referred to as RELEASEES) who might be liable from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any known or unknown loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such athletic and related event Activities, or while in, on or upon the premises where the Activities are being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the program activities. I am fully aware of risks and hazards connected with any learning program, including the risk of injury to my head, neck, back, spine, knees, or other parts of my body, and I hereby elect to have myself/child participate as a voluntary participant in any said Activity and to enter the premises of the **White Clay Creek Country Club and Academy** facility and engage in such Activities knowing that the Activities may be hazardous to me/my child and my/my child's property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in such Activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in said Activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

During the period of any White Clay Creek Country Club Academy Learning Program, I hereby give permission for the staff of Delaware Park to administer appropriate emergency medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Delaware. In making this agreement and release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I further agree that this release shall not be pleased by me as a bar to any claim or suit. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Junior's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Print Parent/Guardian's Name: _____

****YOU MUST INCLUDE A COPY OF BOTH SIDES OF YOUR MEDICAL INSURANCE CARD TO INCLUDE COVERAGE FOR YOU AND ANY PARTICIPANT NAMED ABOVE!!**