



Please fill out this participant registration form and drop off in the office, mail (*Christ the King Catholic School 750 N Main Street PO BOX 186 Browerville, MN 56438*) or text picture to 320-470-0266

Registration: Team Name: _____

Player #1			
First Name		Last Name	
Address			
Phone		Email	
Player #2			
First Name		Last Name	
Address			
Phone		Email	
Player #3			
First Name		Last Name	
Address			
Phone		Email	
Player #4			
First Name		Last Name	
Address			
Phone		Email	

Waiver & Release: In consideration of acceptance into CTK Schools 9-hole golf scramble, I waive all claims for myself, my heirs, and personal representatives against Christ the King Catholic School, its sponsors, organizers, and volunteers for all risks that may be associated with the event. I am in proper physical condition for this event and understand the risks associated with participating in an event of this nature. I will not hold Christ the King responsible for any accidents acquired on or during the event. I also give permission for the free use of my name and picture and any written account photograph, broadcast, or telecast of the event for any legitimate purposes. I understand that if the scramble is canceled because of any circumstances beyond the control of the scramble committee and sponsors, including but not limited to hazardous weather conditions, my entry fee will not be returned.

Your Signature: _____ DATE: _____

Parent Signature, if under 18

Please make checks payable to CTK Catholic School and return by 9/18/24

All proceeds go directly back to the school!

