



World Deaf Golf Federation

Guardian Form for players under 16 years attending the WDGC

Name of the player: _____

Date of Birth: _____

Country: _____

I declare that I take the fully responsibility for the above mentioned player during the World Deaf Golf Championships.

Name: _____

Signature: _____

Role: Parent
 Coach
 Player
 Other, please specify _____

Date: _____

To be scanned and sent by email to WDGf Secretary (secretary@worlddeafgolf.com)