

2019 Oak Park Country Club Caddie Application

This application must be returned IN-PERSON to the golf shop at The Oak Park Country Club. Golf shop hours are 9am-6pm Wednesday-Sunday. Limited space available.

<u>Please Print Neatly</u>		
NAME:	DATE OF BIRTH	
HOME ADDRESS:	ZIP:	
HOME PHONE #:		
CADDIES CELL PHONE #:		
CADDIES EMAIL:		
HIGH SCHOOL ATTENDING/EXPECTED TO ATTE	ND:	
YEAR EXPECTED TO GRADUATE HIGH SCHOOL:		
PARENT/GUARDIAN:	PHONE #:	
EMAIL:		
EMERGENCY CONTACT:	PHONE #:	
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WHICH YOU ARE BEING CONSIDERED? YES	AT PRECLUDE YOU FROM PERFORMING ANY WORK FOR NO	
IF YES, WHAT CAN BE DONE TO ACCOMMODA	TE YOUR LIMITATION?	
GOLF EXPERIENCE:		
AVAILABILITY:		
EXPECTED CONFLICTS (Vacations, sports, etc.):		
HOW DID YOU HEAR ABOUT THE OAK PARK CO	DUNTRY CLUB CADDIE PROGRAM:	



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I understand that caddying is not an hourly or salary type of employment, and that there will be days I will get work and other days that I will not get to work, even though I may come to the golf course every day. If my application is accepted and if I qualify to caddie, I will do my best to provide exceptional service and act with respect towards the club members, club guests, employees, and property of Oak Park Country Club.

RELEASE OF LIABILITY I agree and understand that my participation as a Caddie may expose me to both unknown and unanticipated risks of harm or injury. As a prerequisite to my participation as a Caddie, I acknowledge that such risks exist, assume all such risks, and release and discharge Oak Park Country Club and their respective officers, directors, members, and employees from any and all claims for liability for personal injury (including death) or property damage that I may suffer while participating as a Caddie. I accept full responsibility for the costs of treatment for any injury or damages I may suffer while participating as a Caddie. I have fully informed myself of the contents of this Release by reading it before signing it and agree to be bound by the terms set forth herein in consideration for participating in the Caddie Program.

APPLICANTS SIGNATURE:	
PARENT / GUARDIAN CONSENT I hereby give my cons Country Club. I understand that the club is not responsaused by negligence on the part of the club. Oak Park Care employed solely by the player.	nsible for damages or injuries to any caddie not
PARENT / GUARDIAN SIGNATURE:	DATE:

There will be a new caddie orientation in which all new caddies must attend with parent or legal guardian. All caddies selected to join the Caddie Program MUST attend to be allowed to participate in the training sessions. Date TBA. Caddies must be 13 years of age, please bring a copy of his/her birth certificate to the orientation on TBA. Any questions please contact Carson Solien at csolien@oakparkcountryclub.org.