

**RIVER FOREST COUNTRY CLUB
CADDIE APPLICATION
2024 SEASON**

NAME _____
Last First Middle

ADDRESS _____

CITY, STATE, ZIP _____

AGE _____

DATE OF BIRTH (MM/DD/YYYY) _____

HOME PHONE _____

CELL PHONE _____

EMAIL: _____

AFTER SCHOOL ACTIVITIES _____

DISTANCE FROM HOME TO GOLF COURSE _____

HOW WILL YOU GET TO WORK DAILY _____

DO YOU HAVE ANY CADDIE EXPERIENCE _____

IF YES, WHERE DID YOU CADDIE, AND WHAT WAS YOUR CLASSIFICATION

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE _____

*APPLICANT MUST HAVE BANK ACCOUNT *

IN CASE OF AN EMERGENCY WHO DO WE CONTACT?

NAME _____ RELATION _____

PHONE NUMBER _____ EMAIL _____

WHEN CAN YOU START TO CADDIE _____

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 River Forest Country Club.

APPLICANT SIGNATURE: _____ DATE _____

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 River Forest 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: _____ DATE: _____

PARENT / GUARDIAN CONSENT

I hereby give my consent for my son/daughter to caddie at River Forest Country Club. I understand that the club is not responsible for damages or injuries to any caddie not caused by negligence on the part of the club. River Forest Country Club does not employ caddies. All caddies are employed solely by the player.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. COPY OF BIRTH CERTIFICATE
2. COPY OF MOST RECENT REPORT CARD

Applications that are submitted incomplete (without appropriate documents) or submitted late WILL NOT be considered.



***** IMPORTANT INFORMATION *****

It is mandatory for a parent/guardian and the applicant to attend the Caddie Orientation on:

March 16th, 2024, at 1:00 PM

Caddie Test Date: At the end of your four-day training

Completed applications can be submitted in the following ways:

- In person – Drop off at the Clubhouse – give to the receptionist
- Via email – caddiemanager@riverforestcc.org
- Via mail to: 15W468 Grand Avenue, Elmhurst, IL 60126
Attn: Claudio Calderon, Caddie Master

All Applications are due by Wednesday, March 13th, 2024

Caddie Training Dates & Time:

1. April 1st – April 4th
2. April 8th – April 11th
3. April 15th – April 18th
4. April 22nd – April 25th

Time: 4:00 PM – 6:00 PM