

Chippewa Creek Golf

www.chippewacreekgolf.com 905 679-4240



Chippewa Creek Golf Club Registration Form: Junior Clinics or Kid's Camps

Participant's First Name: *		Last Name: *	
Address: *		City: *	Postal Code: *
Age at camp date: *	Male *	Female *	Telephone * Parent's Work Telephone *
Clinic or Camp Date Choice(s):	Clinic or Camp Dates *		
Cost: * \$	Payment * \$	Payment Type *	Date Paid * D/M/Y
Golf Experience [x]:	Beginner *	Intermediate *	
Allergies or Medical Conditions:	Please list here: *		
*			
Emergency Contact:	Name: *		Telephone: *
Doctor's Contact Information:	Name: *		Telephone: *
Health Card No.	Health Card: *		
I hereby release the Chippewa Creek Golf Club from all claims for damages or injuries arising from participation of the applicant hereon during any program or in any location where a program is held (i.e. on golf course or driving range, etc.). Permission is hereby granted to Chippewa Creek Golf Club and its employees to transport my child to a local Doctor or Hospital for medical treatment if necessary.			
Name of Parent / Guardian *		Signature of Parent / Guardian X	
<u>Please note: spots are only held for paid applicants and applications are taken on a first come, first serve basis.</u>			