

Green Valley Country Club

2018 Junior Golf Camp Registration Form

Child's name _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Age _____ Gender: Male Female (please circle one)

In case of an emergency, Call _____ Phone #: _____

(Please provide the name and phone number of the responsible person available during class time)

Mother/Guardian: _____ Phone _____

Father/Guardian: _____ Phone _____

Name(s) of person(s) to whom the child may be released to _____

Preferred camp: _____

Camp 1 July 09-July 12, 9:00 am -noon

Camp 2 July 16-July 19, 9:00 am – noon

FULL PAYMENT is due at time of registration (per student, per golf camp).

Please make checks or money orders payable to "Michael Dorsi"

For office use only

Total amount paid \$ _____ Please circle CA CH CC Initials _____

Medical Information and waiver Form received please circle: yes

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Does your child require special care or have any disabilities? Yes No

If yes, please explain _____

Does your child have any known allergies (food, insects, medications)? Yes No

If yes, please explain _____

Does your child take any medications that we should be aware of? Yes No

If yes, please explain _____

In consideration of myself or my child being allowed to participate on a 2017 Green Valley Country Club Golf Camp, I the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable Green Valley, its officers, agents, and employees: from any and all actions, causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her property, arising from or resulting from an act or omission, negligent or otherwise of the Green Valley Country Club, its officers, agents, and employees or any other participant in the program while participating in the said activity.

- Yes – Consent is hereby given for the applicant to participate in a 2017 Green Valley Country Club Golf Camp and permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment.**

Child's name _____

Physician name _____ Physician's phone _____

Signature of parent/guardian _____ Date _____

2018 Junior Camp Photo Release

- Yes- Consent is hereby given for the applicant's picture to be taken and used for (including but not limited to) publications, news, and social media.

Signature of parent/guardian _____ Date _____

For office use only

Total amount paid \$ _____ Please circle CA CH CC Initials _____

Medical Information and waiver Form received please circle: yes

