



## 2018 JUNIOR GOLF CAMP REGISTRATION FORM

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age (6-15): \_\_\_\_ Gender:  Male  Female

In case of an emergency, Call \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mother/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Preferred camp: \_\_\_\_\_ (If camp is full, you can be put on a wait list for the camp or choose another session.)

**Camp 1** July 16 – July 20, 8:30–12:30

**Camp 2** July 23 – July 23, 8:30–12:30

**Camp 3** July 30 – August 3, 8:30–12:30

FULL PAYMENT is due at time of registration (Per Student, Per Golf Camp).

Please Make Checks Payable to: The Groves Golf & Country Club.

.....  
*For office use only*

Total Amount Paid \$ \_\_\_\_\_  CASH  CHECK  CREDIT CARD Initials \_\_\_\_\_

Will Goodreau, Teaching Pro

Pro Shop – 813-996-0161

proshop@thegrovesgolf.com

Medical Information & Waiver Form Received: Please Circle: Yes

# 2018 JUNIOR GOLF CAMP MEDICAL INFORMATION & FORM

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

If yes, please explain: \_\_\_\_\_

Is your child currently taking any prescribed medication?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have an existing or previous illness?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child been hospitalized in the past 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

*In consideration of myself or my child being allowed to participate in a 2018 The Groves Golf & Country Club Golf Camp, I the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable The Groves Golf & Country Club, 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 TGGCC, its officers, agents and employees or any other participant in the program while participating in the said activity or while traveling to or from The Groves Golf & Country Club.*

**YES – Consent is hereby given for the applicant to participate in the 2018 The Groves Golf & 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 Golf 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: \_\_\_\_\_

**FULL PAYMENT is due at time of registration (Per Student, Per Golf Camp).**

**Please Make Checks Payable to: The Groves Golf & Country Club.**

Pro Shop – 813-996-0161

