



2019 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 June 17 – June 21, 8:30–12:30

Camp 2 June 24 – June 26, 9 :00–12:00

Camp 3 July 15 – July 10, 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.

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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



2019 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 2019 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 2019 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:** _____

2019 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:** _____

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