Junior Golf Camp Registration

Camper Information

Full Name	
Date of Birth	
Gender	~ 1
Address	
City	
State / Province	
Postal Code	
Parent/Guardian Information	
Parent/Guardian Name	
Relationship to Camper	
Phone Number	
Email Address	
Emergency Contact	
Name	
Phone Number	

Relationship

Medical Information Allergies or Special Needs Medications Doctor's Name Doctor's Phone Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Addications Doctor's Name Doctor's Phone Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Addications Doctor's Name Doctor's Phone Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	Medical Information
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	llergies or Special Needs
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	ledications
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	octor's Name
Camp Details Preferred Session Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	octor's Phone
Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	Camn Details
Previous Golf Experience Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
Consent & Agreement authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	·
authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	
authorize my child to participate in the Junior Golf Camp and certify that the information above is correct. Signature of Parent/Guardian	Canaant & Agraamant
Signature of Parent/Guardian	onsent & Agreement
	authorize my child to participate in the Junior Golf Camp and certify that the information above is correct.
Date	ignature of Parent/Guardian
zate	ata.
	aie