

# Junior Golf Camp Registration

## Camper Information

Full Name

Date of Birth

Gender

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



I authorize my child to participate in the Junior Golf Camp and certify that the information above is correct.

Signature of Parent/Guardian

Date