

Junior Golf Camp Registration Form

SUMMER 2018



PRIMARY REGISTRATION INFORMATION

Child's Name : _____ Date : _____
Address : _____ Phone : _____
City : _____ Zip Code : _____
Email Address : _____
Age (7-12) : _____ Gender (M/F) : _____

EMERGENCY AND MEDICAL INFORMATION

In Case of
Emergency Call : _____
Mother/Guardian: _____ Cell / Day Phone : _____
Father/Guardian: _____ Cell / Day Phone : _____
Name(s) of person(s) to whom the child may be released to: _____
Food Allergies : _____
Will any prescription medications need to be administered during the camp (Yes/No) : _____
If Yes, please describe: _____
Pertinent information on any health conditions such as physical, psychiatric, or behavioral:

SESSION DATES AND PRICE

Does camper have their own clubs (Y/N) _____ Right or Left handed ? _____
Friends to be grouped with (we'll do our best) _____

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

CAMP SESSIONS : Monday—Friday

Week 1: June 11– 15, 2018, *9-11am or 1-3pm

Week 2: June 18– 22, 2018, *9-11am or 1-3pm

Week 3: June 25– 29, 2018, *9-11am or 1-3pm

Cost is \$150 per week FULL PAYMENT is due at time of registration

Authorization to Treat Waiver

I request and authorize X-Golf Huntsville Golf Camp's staff to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and a parent or guardian cannot be contacted in a timely manner, as X-Golf Huntsville deems appropriate under the circumstances. I give to any physician, dentist, hospital, or other health care provider consent to perform any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, under the supervision of any licensed physician or dentist. I agree that I will be financially responsible for the costs of such treatment and transportation.

I agree to the Authorization to Treat Waiver

SIGNATURE : _____

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Refund Policy

Refunds are available, minus a \$50 cancellation fee, if enrollment is cancelled at least two weeks before camp. There will be no refund or pro-rated tuition for campers arriving late or leaving early in the session for which they are enrolled. All refund requests must be submitted in writing via e-mail and must receive written confirmation from X-Golf Huntsville in order to be processed.

I agree to the Refund Policy

SIGNATURE _____

General Matters

I agree that X-Golf Huntsville is not responsible for the loss or damage to my child's personal belongings as a result of fire or theft. I agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each child's participation at X-Golf Huntsville a fun, safe and rewarding experience, we hold high expectations for a child's attitude and behavior. I understand that there is no refund should my child be dismissed from camp for behavior or conduct deemed unsatisfactory by the camp directors or if, in the sole opinion of the camp directors, a child's presence is not in the best interest of the camp. All pictures and videos taken at or in connection with X-Golf Huntsville are the sole and exclusive property of X-Golf Huntsville and may be used by X-Golf Huntsville for promotional purposes.

I agree to the General Matters Policy

SIGNATURE _____

Informed Consent Wavier

In exchange for X-Golf Huntsville permitting my child to participate in golf camp, I agree to the terms and conditions expressed herein. While X-Golf Huntsville will make every reasonable effort to keep all students safe from injury, illness, and harm, accidents do happen. I understand that there may be risks associated with swinging a golf club and have had an opportunity to ask questions and to receive answers concerning those risks. I acknowledge that it is my responsibility to evaluate the risks associated with my child's participation in this camp to determine whether my child should participate, and to discuss these risks with my child. By signing this document, I agree to release and hold harmless X-Golf Huntsville, its officers, trustees, agents, employees, volunteers, and leaders/chaperones, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments, and expenses, upon any damage, loss or injury to my child or damage or loss to my child's property (including all property of others in my child's possession or control) arising out of my child's participation. These agreements of release and indemnity include claims of negligence, but not of gross negligence or intentionally wrongful conduct.

I agree to the Consent Policy

SIGNATURE _____

I enter my name below to verify that all submitted information is correct and that I understand and agree to all waivers and policies.

SIGNATURE : _____

DATE : _____