



Summer GOLF Camp Program 2018 REGISTRATION FORM

*A Form Must Be Completed Per Child
\$25 Registration Fee*

Child's Name _____

Child's Age _____ Gender _____ Membership # _____

Parent's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Emergency Contacts:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

SPCC SUMMER GOLF CAMP

I am registering my child for **GOLF: (Tuesday through Friday)**

- | | |
|---|--------------------------------|
| ____ Week 1 (June 12-14) (No Camp June 15) | ____ Week 6 (July 17-20) |
| ____ Week 2 (June 19-22) | ____ Week 7 (July 24-27) |
| ____ Week 3 (June 26-29) | ____ Week 8 (July 31-August 3) |
| ____ Week 4 – No Camp July 2-6 | |
| ____ Week 5 (July 10-13) | |

Rates:

\$25 per class; \$45 per day; OR \$180 per week

Age 7 & Up for classes. Open Golf for advanced players 10 & up.
Students are placed in groups of beginner, novice and advanced.

Classes:

8am-9am	Putting & Chipping Class
9am-10:30am	Full Swing Fundamentals Class
<u>10:30am-12:00pm</u>	Practice & Drills Class
12:00pm-1:00pm	Children May Stay for Lunch (member account will be charged for lunch ordered)
1:00pm-5:00pm	Advanced Players 10 Years of Age & Older May Stay & Play the Course

HOSPITAL RELEASE

Child's full legal name _____ Child's preferred name _____

Child's birth date _____ Child's Gender _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Child's Allergies _____

Date of last DPT _____ or tetanus shot _____

Has child had: Surgery _____ Accidents _____

Serious Illness _____ Explain _____

List identifying scars, birthmarks, skin discolorations _____

Medical insurance company _____

Policy Number _____

I, _____, hereby give my consent to any hospital and/or licensed Physician to administer necessary treatment to the above-named child in the event of an emergency, at which time it is imperative, or I cannot be reached. I give my consent for my child to be transported by ambulance if the situation warrants.

I, _____ (parent/guardian) have enrolled my child, _____ in the Summer Youth Program at St. Petersburg Country Club (hereinafter referred to as "Club"). I fully recognize the risks of injury or illness inherent in participation in any Youth Program and I represent to the Club that I have consulted my personal physician or other health authority and my child is physically capable of participating in such program. I release the Club and/or its officers, directors, contract workers, agents, employees, from any and all liability of any kind or nature in connection with my child's participation in the Youth Program. I further indemnify and hold harmless the Club from any and all claims, actions, demands, costs, liabilities, fees and costs of judgments whatsoever. I hereby execute and deliver this Release and indemnification to the Club and induce the Club to permit my child's participation at my own risk and without any representations of any kind or character having been made by the Club and/or its officers, directors, employees, agents.

Parent/Guardian Signature

____/____/_____
Date