

2017 Niagara-on-the-Lake Golf Club

Junior Golf Camp Registration

Join us for a fun filled week of golf instruction, games and physical activity. This season we will be running 4 weeks of camps, open to boys and girls aged 5-12. Each camp runs Monday-Friday from 9:00am – 12:00pm. The campers are supplied a healthy snack and drink each day and receive a lunch on Friday.

Each child will also receive;

- Junior Golf Hat or Shirt
- Personalized Bag Tag
- Certificate of Achievement
- An experience that will encourage them to play golf for life

Please check your desired week(s):

July 3-7

July 17-21

July 31-August 4

August 14-18

Camper's Surname: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Age: _____ Date of Birth: _____ Gender: M F

Parent/Guardian's Name: _____

Contact Phone: _____

Email: _____

The cost per camper is \$200 tax included.

Credit Card:

Type: _____ # _____ Expiry: _____

OR Please make checks payable to Billy Simkin Golf

Emergency Contact:

Name: _____ Relationship to Camper: _____

Contact Phone: _____

Medical Information:

Does your child have an existing medical condition? Yes ____ No ____ If yes, please check the appropriate box below and describe.

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Insect Bite Allergy | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Carries Epi Pen | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |

Medication (explain):

Other (explain):

Medical Consent Statement

- By checking the box below, I testify that I have provided the Niagara-on-the-Lake Golf Club with all the necessary medical information and I can be reached at the number(s) listed. I authorize Niagara-on-the-Lake Golf Club staff to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriated by the attending physician(s).
 I consent

Photo Release Agreement

- By checking the box below, I agree that I give permission to Niagara-on-the-Lake Golf Club to include my child in photos taken by camp staff. I understand these photos may be used for promotional purposes but no names will be used.
 I agree

Waiver and consent

The applicant agrees that Billy Simkin, Ricky Watson, Niagara-on-the-Lake Golf Club and/or any individual connected with them, will not be held responsible for any accidents or loss however caused. The applicant agrees to release the above mentioned organizations/individuals from all claims or damages which may arise as a result of, or by means of such an accident or less. The Niagara-on-the-Lake Golf Club also reserves the right to cancel any session due to any circumstances that are not to the benefit of the applicants or camp.

Signature of Parent/Guardian: _____ Date: _____