

Camper Name: _____ Calvert City golf & CC Summer Golf School Registration Form Age: _____

Child Name

First _____ Middle _____ Last _____ Gender: Male ___ Female ___

Age (as of June 30) _____

Street Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Emergency Contact Information

Emergency Contact

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Calvert City Golf & CC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Cost: \$175 per Junior Golfer, \$125 for each additional sibling (Price Includes Lunch)

Please circle how you heard about our Summer Junior Golf School:

After School Program Website School Facebook Word of Mouth Flyer Other _____

Terms of Agreement:

Calvert City Golf & CC and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____