



Child Name: \_\_\_\_\_ Girl/Boy Age: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

2<sup>nd</sup> Contact Name/Cell (If bringing/ Picking up child): N/A

Medical Concerns:

Pair with Friends? \_\_\_\_\_ Level/Experience \_\_\_\_\_

Every Child will need to bring appropriately sized golf clubs in a bag. Need a minimum of: Putter, wedge or 9 iron, driver or fairway wood.

**Summer Golf Camps Ages 6 – 14**  
junior memberships are available for \$100

**Monday – Friday**

**Please select preferred dates and times**

	8-12	12-4
Mon July 04 to Fri July 08		
Mon July 11 to Fri July 15		
Mon July 18 to Fri July 22		
Mon July 25 to Fri July 29		
Mon Aug 01 to Fri Aug 05		
Mon Aug 08 to Fri Aug 12		
Mon Aug 15 to Fri Aug 19		
Mon Aug 22 to Fri Aug 26		

**Method of Payment**

Cheque (payable to Sunnidell Golf course) X

MasterCard \_\_\_\_\_

Visa \_\_\_\_\_

Cash \_\_\_\_\_

\* Waiver: I hereby authorize the staff of Sunnidell Golf and Learning centre to act according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the staff and the facility of Sunnidell Golf and Learning Centre from any and all liability for any injuries or illness incurred while participating in the programs. I acknowledge that the staff will not be responsible for administering any medications. I understand and authorize that pictures taken may be used for promotion

I have read and accept all conditions as described on this form

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_