

# Golf Camp Registration Form

## Camper Information

Camper Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

## Medical Information

Please list any allergies, medical conditions, medications, or special instructions:

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MOUSE CREEK GOLF COURSE

## Liability Waiver & Release

I understand that participation in the golf camp involves physical activity and inherent risks of injury. I voluntarily allow my child to participate in the camp and assume all risks associated with participation.

I hereby release and hold harmless the golf course, instructors, staff, volunteers, and affiliated parties from any and all liability, claims, demands, injuries, damages, or causes of action arising out of participation in the golf camp, including but not limited to accidents, injuries, or loss of personal property.

In the event of a medical emergency, I authorize camp staff to obtain emergency medical treatment for my child if I cannot be reached immediately.

By signing below, I acknowledge that I have read and understand this waiver and agree to its terms.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_