Caddy Shak Junior Golf Camp Registration Form

Name of Child: _____ Age of Child: _____

Name of Parent/Guardian: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Golf Camp participating in: (Circle one) June 13-15 June 20-22 July 11-13

July 18-20 August 1-3 August 8-10

Camp Cost: $90.00 per child

Please remit payment to: **The Caddy Shak**

Please mail registration forms to the following address : The Caddy Shak
381 Pilgrim Church Rd.
Lexington, SC 29072

Emergency Contact Names:

Contact 1:_____ Contact 2:_____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

Allergies/Medical Conditions: _____

_____

Minor Child Release, Liability and Hold Harmless Statement
I understand and am fully aware that my child will be involved in a physical sport involving hitting balls, swinging golf clubs, joint manipulation and limb extension and that these mentioned acts can and may result my child bodily harm. I also understand that there may be other certain risks involved not aforementioned with participating in the Caddy Shak junior golf programs. On behalf of my minor child identified above, I hereby Release, Discharge and Agree to Hold Harmless the Caddy Shak, its owners, organizers, agents, volunteers, assistants, employees and participants from any and all claims, demands, damages or actions of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child's participating in any activities.

Photograph Release
I permit the Caddy Shak to take and use photographs of me and/or my child for the purpose of promoting the Caddy Shak programs, activities and its instructors. This includes permission to publish photographs of me and/or my child for such purpose. I understand that such photographs of me and/or my child remain the property of the Caddy Shak.

Signature of Parent/Guardian: _____ Date_____

Witness: _____ Date_____