



## 2022 Junior Golf Clinic Registration Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Age (5-16): \_\_\_\_\_ Gender: ☐ Male ☐ Female

Camp Start Date : \_\_\_\_\_

In case of an emergency, Call \_\_\_\_\_ Phone: \_\_\_\_\_

(Please provide the name & phone number of the responsible person available during class time)

Mother/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name(s) of person(s) to whom the child may be released to \_\_\_\_\_

FULL PAYMENT is due at time of registration. Cash or credit card only. No checks.

*For office use only* Total Amount Paid \$ \_\_\_\_\_ Proshop employee \_\_\_\_\_ Order # \_\_\_\_\_

*Medical Information & Waiver Form Received: Please Circle: Yes*



## 2022 Junior Golf Clinic Medical Information Form

Does your child require special care or have any disabilities? Yes No

If yes, please explain: \_\_\_\_\_

Is your child currently taking any prescribed medication? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have an existing or previous illness? Yes No

If yes, please explain: \_\_\_\_\_

Has your child been hospitalized in the past 12 months? Yes No

If yes, please explain: \_\_\_\_\_

Does your child have any known allergies (food, insects, medications)? Yes No

If yes, please explain: \_\_\_\_\_

*In consideration of myself or my child being allowed to participate in a 2021 Braintree Golf Camp, I the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable Braintree Golf or its employees: from any and all actions, causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her property, arising from or resulting from an act or omission, negligent or otherwise of the Braintree Golf Course or employees or any other participant in the program while participating in the said activity or while traveling to or from Braintree Golf Course.*

☐ **YES – Consent is hereby given for the applicant to participate in a 2021 Braintree Golf Course Golf Camp and permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment.**

**Child's Name:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_