



Orangebrook Golf
HOLLYWOOD, FLORIDA

JUNIOR GOLF SUMMER CAMP



Register in the Pro Shop Now!!

Taught by Orangebrook PGA Professionals

This camp stresses and reinforces the fundamentals of golf including technique, rules and etiquette.

- Monday thru Thursday 9a.m. - 4p.m. weekly.
- A full day of fun activities designed for all levels.
- Open to boys and girls ages 6-13.

Advanced Camp ages 13-15: two specific weeks in the summer.

- Small groups allowing time for individual instruction.
- Practice balls, lunch, refreshments, snacks, prizes and awards included.
- Golf clubs provided for those who need them.

Call 954-967-4653 or email Casey at cjandersen54@gmail.com for more information.

\$265 per junior golfer

Hollywood Residents will receive 10% off the camp fee.

If a parent pays for 2 kids or 2 weeks, they will receive 10% off the camp fee.

If a parent pays for 3 or more kids or 3 or more weeks, they will receive 15% off the camp fee.

Junior Golf Summer Camp Registration Form

Orangebrook Golf & Country Club

Please use a separate form for each child. Please return Registration Form and attached Medical Waiver to Golf Shop prior to the start of the camp.

Child's Name: _____

Grade: _____ D.O.B: _____

Has clubs: yes / no If no, circle dexterity: right handed / left handed

Address: _____

Please circle the week(s) that your child will be attending:

Ages 6-13

6/8 - 6/11 6/15 - 6/18 6/22 - 6/25

7/6 - 7/9 7/27 - 7/30

Ages 13-15 Advanced Camp

7/13 - 7/16 8/3 - 8/6

Guardian's Name: _____

Relationship: _____

Phone #: _____

Emergency Contact Name & Phone #: _____

By signing this form, I agree to release all rights and claims for the damages we may have against Orangebrook Golf & Country Club, its employees, and representatives for any injuries that my child/children may suffer in connection with his/her participation in this program.

Signature: _____

Date: _____

Form of Payment:
VISA
MASTER CARD
AMEX

Cash/check or Credit Card in Golf Shop or C.C. over the phone
CC #: _____
Expiration Date: _____

Medical Waiver Release

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Home Phone: _____ Male/Female: _____

Mothers Name: _____ Fathers Name: _____

Work Phone: _____ Work Phone: _____

Person to contact in case of emergency if Parent/Guardian cannot be reached

Name: _____ Relationship: _____

Phone Number: _____

In case of serious accident or sudden illness, if parent or emergency person cannot be reached, do you give the supervisor permission to order medical treatment or to have the child transported to a nearby hospital?

Yes _____ No _____

If Yes, which Hospital? _____

Please list any medical problems, allergies, or instructions that you feel supervisors should be aware of:

*The Golf Staff will not be allowed to dispense any medication of any kind.

Name of person(s) other than person signing below that will pick up your child/children:

Name: _____ Relation: _____

Name: _____ Relation: _____

RELEASE WAIVER

I, undersigned, intending to be legally bound, do hereby for my child/children, waive and release any and all rights and claims for the damages which we may have against Orangebrook Golf & Country Club, their representatives, successors and employees for any injuries that my child/children may suffer in connection with his/her participation in this program.

Print Name: _____ Date: _____

Signature: _____