







-  **Camp will be Monday thru Friday** **Recommended Ages**
-  **Camp Hours: 9:00am - 12:00pm** **\$125** **6-13**
-  **Three Afternoon Camps: 1:00pm - 4:00pm** **\$125**
-  **Instruction, games, snacks and refreshments.**

- Families with multiple children enrolled in the camp or children attending multiple weeks will receive \$10 off per child (discount will not apply on their first week).

Schedule:

June 12-16	June 19-24 (Morning & Afternoon)
June 26-June 30	July 10-14 (Morning & Afternoon)
July 17-21	July 24-28 (Morning & Afternoon)
July 31-Aug. 4	August 7-11

Golf clubs will be provided if needed

Call 954-967-4653 ext. 3 or email Casey at cjandersen54@gmail.com for more information.

Camp Sign Up Deadline will be the prior Friday at 6pm.

- Summer Skills Challenge: Thursday and Friday, August 17-18th.**
A day full of golf activities and challenges for all the juniors in the summer camps to come together! (9am-12pm, fee \$45)

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: _____ Height: _____ 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:

Mornings (9am-12pm):	6/12 - 6/16	6/19 - 6/23	6/26 - 6/30
	7/10 - 7/14	7/17 - 7/21	7/24 - 7/28
	8/7 - 8/11		7/31 - 8/4

Afternoons (1pm-4pm):	6/19 - 6/23	7/10 - 7/14	7/24 - 7/28
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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:	Cash/check or Credit Card in Golf Shop or C.C. over the phone
VISA	CC #: _____
MASTER CARD	Expiration Date: _____
AMEX	Name on Card: _____
(NO DISCOVER)	Staff Attach copy of Receipt

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: _____