

2024 JUNIOR GOLF CAMP

2024 JUNIOR GOLF CAMP CHILD APPLICATION

STUDENT INFORMATION

Full Name: _____ Date of Birth: ____/____/____
MONTH DAY YEAR

Email Address: _____ Phone: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

Health Card #: _____ Years Playing Golf: _____

Does your child have any allergies? _____

Does your child have any medical concerns? _____

ADDRESS

Street: _____ Province: _____

City: _____ Postal Code: _____

PARENT/GUARDIAN

Parent/Guardian Name: _____

Daytime Phone #: _____ Evening Phone #: _____

Contact in Case of Emergency: _____

Phone #: _____ Cell Phone #: _____

E-Mail: _____



2024 WEEKS AVAILABLE
**** CIRCLE THE WEEK(S) YOU WOULD LIKE ****

AGES 6-16

JULY 15th - 19th | August 12th - 16th

DETAILS

PGA of Canada Instructors

Monday - Friday

9:00a.m. - 1:00p.m.

Maximum 24 Students per week

Registration Fee - \$289.99 + HST = \$327.69

INCLUDES

- Welcome Gift
- Clubs (if needed)
- 5 - 1/2 days of Instruction
- On Course Time
- Daily Lunch
- Prizes



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PRIVACY POLICY

_____ is hereby given permission to participate in the Cedarhurst Golf Club Junior Golf Camp. In case of injury, regardless of cause, Cedarhurst will not be held responsible. I declare that by signing this form that his or her doctor has deemed him/her medically fit to participate in all activities. In case of accident I understand that I will be contacted and I give permission to have my son/daughter taken for professional medical attention. Inappropriate behavior, bullying will not be tolerated and will result in the cancellation of any further participation in the camp program without refund.

Any application for refund will be subject to a minimum administration fee of \$50.00. All cancellations received less than a week prior to the start of Golf Camp week will be handled on an individual basis; depending on the camp's ability to replace the camper.

I give permission for _____ to have his/her photo taken for possible publication in the local newspapers or online on our social media channels. I also grant my approval for the printing of my child's name in the local media.

Parent/Guardian Signature: _____ Date: _____

Please make cheques payable to Cedarhurst Golf Club and mail the form and payment to: Cedarhurst Golf Club Beaverton, ON L0K 1A0 or call (705) 426-7521

Payment can be made by cheque, credit card, debit card in person or via e-transfer.

DRESS

Proper Dress is required at all times. Unacceptable dress includes bathing attire, tank tops, t-shirts, jeans, cut-offs, sweatpants and any clothing with offensive language. Soft spikes, spikeless golf shoes, sneakers or flat soled shoes are the only acceptable footwear permitted.

EXCLUSION OF LIABILITY AND RELEASE

PLEASE READ

THESE CONDITIONS AFFECT YOUR RIGHT TO CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

If you choose to use Cedarhurst Golf Club's facilities and equipment, please understand that there are some risks that you must assume, including when you participate in indoor/outdoor physical activities. While we take all reasonable precautions to prevent accident or injury, you accept that these risks could include serious injury, death or loss of property, resulting from any cause. Please be mindful of any physical hazards on the property, weather conditions and encounters with other people, animals or objects.

You agree not to file a claim against us and that we are not liable to you. To access our facilities and equipment, you and your heirs/next of kin expressly waive and release all claims against us (and parties/people connected to us) in the event you are injured, die, or your property damaged. This applies regardless of the cause, including our carelessness, breach of contract or breach of any statutory or other duty of care we owe to you.

Parent/Guardian: _____ Date: _____

PAYMENT DETAILS

Payment Method: Visa | Mastercard | Amex | Debit | Cash | E-Transfer

Credit Card #: _____

Name on Card: _____

Signature: _____

FOR OFFICE USE ONLY - PAYMENT METHOD: _____ EMPLOYEE INITIALS: _____ DATE: _____