

# 2016 Junior Camp Registration Form

**Please check your desired week:**

- July 4-8                       July 11-15                       July 18-22                       July 25-29  
 Aug 8-12                       Aug 15-19

Camper's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Parent/ Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Information:**

**Health Card :** \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone : \_\_\_\_\_

Does your child have an existing medical condition? Yes \_\_\_\_ No \_\_\_\_ If yes, please check the appropriate box below and describe:

- Food Allergy                       Insect Bite Allergy                       Emotional/ behavioral                       Injury  
 Drug Allergy                       Carries Epi Pen                       Asthma  
 Diabetic                       Epilepsy                       Carries Asthma Inhale

Medication (Explain):

Other (Explain):

### Medical Consent Statement

- By checking the box below, I testify that I have provided Ninth Line Family Golf with all the necessary medical information and I can be reached at the number(s) listed. I authorize Ninth Line Family Golf staff to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

I consent

### Photo Release Agreement

By checking the box below, I agree that I give permission to Ninth Line Family Golf to include my child in photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used

I agree

### Waiver and consent

The applicant agrees that Paul Skidmore, Ninth Line Family Golf Academy & Streetsville Glen Golf Course and/or any other organization and individual connected with them, will not be held responsible for any accidents or loss however caused. The applicant agrees to release the above mentioned organizations/individuals from all claims or damages which may arise as a result of, or by means of such an accident or loss. The Academy also reserves the right to cancel any session due to any circumstances that are not to the benefit of the applicants or camp.

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