

RIDGES JUNIOR GOLF CAMP REGISTRATION FORM

Session Dates: June 9, 11, 16, 18, 23 and 25

Program Cost: \$100 per junior



GOLFER INFORMATION

Full Name: _____ Gender: F M

Birth Date: ___ / ___ / ___ Age: _____

Parent/Guardian(s): _____

Email: _____

Phone : _____

SESSION (Check One)

8:00–9:00 am (Ages 6–10) 9:15–10:15 am (Ages 11–15)

HEALTH INFORMATION

Special medical considerations (N/A if none apply):

EMERGENCY CONTACT (If parent/guardian cannot be reached)

Name: _____ Relationship: _____

Phone: _____

PARTICIPANT AGREEMENT

I, as participant and/or parent/guardian, agree to hold harmless Ridges Golf Course employees, agents, and volunteers from any and all claims, damages, or causes of action arising from participation in Junior Golf Camp activities, including medical expenses. I understand participants may be suspended for actions that cause harm to others or the program.

Parent/Guardian Signature: _____

Printed Name: _____ Date: ___ / ___ / _____

