

## **2020 Niagara-on-the-Lake Golf Club**

### **Junior Golf Camp Registration**

Join us for a fun filled week of golf instruction, games and physical activity. This season we will be running 3 weeks of camps, open to boys and girls aged 5-12. Each camp runs Monday-Friday from 9:00am – 12:00pm. The campers are supplied a granola bar each day and receive a lunch on Friday. We ask that all students bring a reusable water bottle which we can fill for them. All camps will be run with a maximum 8/1 student to coach ratio (16 student maximum per week).

Each child will also receive;

- NOTL Junior Golfer Hat
- Personalized 2020 Camper Golf Bag Tag
- Certificate of Achievement
- An experience that will encourage them to play golf for life

**Please check your desired week(s):**

- July 6-10
- July 20-24
- August 10-14

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

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

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

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

Contact Phone: \_\_\_\_\_

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

**The cost per camper is \$200 + tax = \$226.00**

**Credit Card: Type: \_\_\_\_\_ # \_\_\_\_\_ Expiry: \_\_\_\_\_**

**CVC: \_\_\_\_\_ Postal Code Associated with Card: \_\_\_\_\_**

*OR Please makes checks payable to Billy Simkin Golf*

**Emergency Contact:**

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

Contact Phone: \_\_\_\_\_

**Medical Information:**

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

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Insect Bite Allergy | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Carries Epi Pen     | <input type="checkbox"/> Injury      |
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Other       |

Medication (explain):

Other (explain):

**Medical Consent Statement**

- By checking the box below, I testify that I have provided the Niagara-on-the-Lake Golf Club with all the necessary medical information and I can be reached at the number(s) listed. I authorize Niagara-on-the-Lake Golf Club 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 Niagara-on-the-Lake Golf Club to include my child in photos taken by camp staff. I understand these photos may be used for promotional purposes but no names will be used.  
 I agree

**Waiver and consent**

The applicant agrees that Billy Simkin, Ricky Watson, Niagara-on-the-Lake Golf Club and/or any 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 less. The Niagara-on-the-Lake Golf Club 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: \_\_\_\_\_