



Niagara-on-the-Lake GOLF CLUB

2026 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 4 weeks of camps, open to boys and girls aged 5-12. Each camp runs Monday-Friday from 9:00am – 12:00pm. The campers are to supply their own snacks and water and receive a pizza lunch with snacks on Friday. All camps will be run with a maximum of 16 golfers per camp.

Each child will also receive:

Junior golf hat or equivalent

NOTL divot tool and bag of tees

An experience that will encourage them to play golf for life

Please check you desired week(s):

July 13- 17:

July 20 - 24:

August 10 - 14:

August 17 - 21:

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 \$250.00

Cash, or e-transfer to darren71smith@gmail.com is accepted.

Payment is due at the beginning of camp.



Niagara-on-the-Lake GOLF CLUB

Emergency Contact:

Name: _____ Relationship to Camper: _____

Contact Phone: _____

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):



Niagara-on-the-Lake GOLF CLUB

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 Darren Smith, 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: _____

Please send completed forms to darren.smith@notlgolf.com or drop off to the pro shop in person.

Thank you.