



## 2011 JUNIOR GOLF CAMP REGISTRATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT (S) NAME (S): \_\_\_\_\_

PARENT HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

HAS YOUR CHILD HAD GOLF INSTRUCTION BEFORE? \_\_\_\_\_

IF YES, BY WHOM AND TO WHAT EXTENT? \_\_\_\_\_

DOES YOUR CHILD HAVE GOLF EQUIPMENT? \_\_\_\_\_



### MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE DESCRIBE BELOW ANY MEDICAL CONDITIONS, PHYSICAL RESTRAINTS OR HANDICAPS YOUR CHILD MAY HAVE. BE SPECIFIC AND PROVIDE INFORMATION REGARDING ANY MEDICATIONS YOUR CHILD MAY BE TAKING. WE ASK THIS INFORMATION TO PROVIDE YOUR CHILD WITH THE MOST POSITIVE EXPERIENCE WE CAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT RECEIVED      AMOUNT \_\_\_\_\_      CHK # \_\_\_\_\_      CASH \_\_\_\_\_

Please make checks payable to: **Straight Away Golf**

PARENTS SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

*WITHDRAWALS: Full refunds will be given up to one week before camp begins – less than one weeks notice a \$20.00 administration fee will be charged. There will be NO refunds after camp has begun.*