

Deercreek Golf Camp Enrollment Application

Childs Name: _____ D.O.B: _____ Gender: Male or Female

Address: _____

Home Phone: _____ Primary Email: _____

Fathers Name: _____ Cell Phone: _____

Mothers Name: _____ Cell Phone: _____

T-Shirt Size: Youth/Adult S M L XL

Have Equipment? Y or N Want to purchase equipment? Y or N Needs Equipment? Y or N

Camp Date: _____

Member #: _____ or Cash/Check *Make Check payable to **Kathy Grant***

Medical Information

Allergies: _____

Medications: _____

Medical History (ex. Diabetes, epilepsy...) Special conditions/Needs: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Group/Policy No: _____

In signing below, I confirm that all of the above information is correct and I hereby release Deercreek Country Club from any and all liability resulting from any accident or incident that might occur while my child is participating.

Parent or Guardian Signature: _____ Date: _____

In signing below I agree to abide by the Rules set forth by the Camp Instructor with regards to safety and awareness while participating in golf camp to help insure the safety of myself and others in the camp.

Child Signature: _____ Date: _____

Both signatures must be present to participate in Golf Camp at Deercreek Country Club