

2021 Junior Camp Registration Form

Please check your desired week:

- July 4-8 July 11-15 July 18-22 July 25-29
 Aug 8-12 Aug 15-19

Camper's Surname: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____
Age: _____ Date of Birth: _____ Gender: M F

Parent/ Guardian's Name: _____
Home Phone: _____ Other: _____
Email: _____

Emergency Contact:

Name: _____ Relationship to Camper: _____
Home Phone: _____ Other: _____

Emergency Contact:

Name: _____ Relationship to Camper: _____
Home Phone: _____ Other: _____

Medical Information:

Health Card : _____

Physician's Name: _____

Physician's Phone : _____

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

- Food Allergy Insect Bite Allergy Emotional/ behavioral Injury
 Drug Allergy Carries Epi Pen Asthma
 Diabetic Epilepsy Carries Asthma Inhale

Medication (Explain):

Other (Explain):

Medical Consent Statement

- By checking the box below, I testify that I have provided Ninth Line Family Golf with all the necessary medical information and I can be reached at the number(s) listed. I authorize Ninth Line Family Golf 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 Ninth Line Family Golf to include my child in photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes (e.g. slide show, website photo gallery, brochures, camp fair display, etc), but no names will be used

I agree

Waiver and consent

The applicant agrees that Paul Skidmore, Ninth Line Family Golf Academy & Streetsville Glen Golf Course and/or any other organization and 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 loss. The Academy 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: _____