

ROCK CHAPEL

2018 GOLF CAMP REGISTRATION FORM

(Register in person only)

Child's Name: _____ CIRCLE M D Y
 Boy / Girl Birthdate: ____/____/____ Age: ____

Parents: _____ Home phone _____

Mom cell phone _____ Dad cell phone _____

Address: _____
STREET CITY POSTAL CODE

e-mail (print clearly): _____

2nd contact name/cell (if bringing/picking up your child): _____

Medical concerns: _____

Pair with friend (if same age group): _____

Every child will need to bring appropriately sized golf clubs in a golf bag.
 Need min of: putter, wedge or 9 iron, driver or fairway wood. Club set rentals are not available.

	Amount (incl. tax)		Office Use
	Max one week per child		
<p>NEW! Limit one week per child</p> <p>Summer Golf Camp Ages 8-14 (Must be 8 years old by Dec. 31/18 Born in 2010 or earlier)</p> <p>\$350 + tax = \$395.50 per week * \$280 + tax = \$316.40 (4 day week)</p> <p style="text-align: center;">Monday to Friday *(Holiday weeks Tuesday to Friday) 9 am - 4 pm. Lunch included.</p>	<p>*Tues July 3 to Fri July 6 <input type="checkbox"/></p> <p>Mon July 9 to Fri July 13 <input type="checkbox"/></p> <p>Mon July 16 to Fri July 20 <input type="checkbox"/></p> <p>Mon July 23 to Fri July 27 <input type="checkbox"/></p> <p>Mon July 30 to Fri Aug 3 <input type="checkbox"/></p> <p>* Tues Aug 7 to Fri Aug 10 <input type="checkbox"/></p> <p>Mon Aug 13 to Fri Aug 17 <input type="checkbox"/></p> <p>Mon Aug 20 to Fri Aug 24 <input type="checkbox"/></p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>	<p></p> <p>1-</p> <p>2-</p> <p>3-</p> <p>4-</p> <p>5-</p> <p>6-</p> <p>7-</p> <p>8-</p>

Method of pay (check one): Cash Visa MC Debit Cheque (payable to:
 Rock Chapel Golf Centre)

Refunds may be made up to 2 weeks before the start of camp subject to a \$55 cancellation fee.
 Original receipts without exception must accompany refund process.
 After that date, there are no refunds, credits or scheduling changes made for any reason.

Waiver: I hereby authorize the staff of Rock Chapel Golf Centre to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the staff and the facility of Rock Chapel Golf Centre from any and all liability for any injuries or illnesses incurred while participating in the programs. I acknowledge that the staff will not be responsible for administering any medications. I understand and authorize that pictures taken may be used for promotion.

I have read and accept all conditions as described on this form.

Parent/Guardian Signature: **X** _____ Date _____

Office use only	Registration date: _____	Staff Initials _____
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See www.rockchapel.ca and click "Junior Golf Programs" for more details. Questions? email us at golf@rockchapel.ca