

# SIMI HILLS GOLF COURSE JUNIOR CAMPSHEALTH & RELEASE

## HEALTH & RELEASE FORM BRING THIS FORM WITH YOU TO CAMP \*

You will not be admitted to camp without this form, completed and signed.

Campers Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to contact in the event I cannot be reached \_\_\_\_\_

Phone number of above listed person \_\_\_\_\_

## HEALTH & GENERAL HISTORY

If the camper should be restricted from any activities please describe: \_\_\_\_\_

\_\_\_\_\_

Please identify any medical condition or history that might require special attention: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the named camper is in good health and fully able to participate in all activities of the golf camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Physicians Name \_\_\_\_\_

Telephone Number/s \_\_\_\_\_

Phone number of above listed person \_\_\_\_\_