

LOST CANYONS GOLF CLUB JUNIOR CAMPS

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 you cannot be reached _____

Phone number of above listed person _____

HEALTH & GENERAL HISTORY

If the camper should be restricted from any activities please describe _____

Please list any medical conditions 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 program.

Signed _____ Date _____

Phone Number/s _____

Physicians Name _____

Phone Number/s _____

Insurance Carrier Name _____

Policy Number _____

Policy Holder Name _____

I, the parent/guardian of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact listed, before taking this action. I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at the camp. My medical insurance shall be the insurance coverage for any medical treatment.

I HAVE READ AND FULLY UNDERSTAND MY OBLIGATIONS STATED HEREIN AND ALSO THE RIGHTS AND OBLIGATIONS OF THE LOST CANYONS JUNIOR GOLF CAMPS, AND HEREBY AGREE TO ACT IN ACCORDANCE. I further understand that Lost Canyons Junior Golf Camps retain the right to use for publicity and advertising purposes, photography of campers taken at this camp

Signed _____ **Date** _____