



2024 Junior Golf Camp Registration



Child's Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Age (8-14): _____ Gender: Male Female

Which Week and Dates Will Child Be Attending? _____

T Shirt Size: _____

Emergency Contact Info Below:

In case of emergency, Call: _____ Phone Number: _____

(Please provide the name & phone number of the responsible person available during class time)

Mother/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Evening Phone: _____

Father/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Evening Phone: _____

Name(s) of person(s) to whom the child may be released to _____

FULL PAYMENT is due at time of registration. Cash or credit card only. No checks.

For office use only Total Amount Paid \$ _____ Pro Shop

Employee _____ Order # _____

Medical Information & Waiver Form Received: Please Circle: Yes



2024 Junior Golf Clinic Medical Information Form



Does your child require special care or have any disabilities? Yes No

If yes, please explain: _____

Is your child currently taking any prescribed medication? Yes No

If yes, please explain: _____

Does your child have an existing or previous illness? Yes No

If yes, please explain: _____

Has your child been hospitalized in the past 12 months? Yes No

If yes, please explain: _____

Does your child have any know allergies (food, insects, medications)? Yes No

If yes, please explain: _____

In consideration of myself or my child being allowed to participate in a 2024 Braintree Golf Camp, I the undersigned parent, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable Braintree Golf or it's employees: from any and all actions, causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her property, arising from or resulting from an act or omission, negligent or otherwise of the Braintree Golf Course or employees or any other participant in the program while participating in the said activity or while traveling to or from Braintree Golf Course.

YES – Consent is hereby given for the applicant to participate in a 2024 Braintree Golf Course Golf Camp and permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment.

Child' Name: _____

Physician Name: _____ Physician's Phone: _____

Signature of Parent/Guardian: _____ Date: _____