



Joe Caruso
Golf Academy

Registration Form 2019

Participant Information:

Name: _____ Male Female
Address: _____ City: _____ State: _____
Zipcode: _____ Birthdate: _____ Age: _____
Allergies: _____

Parent Information:

Parent/ Legal Guardian: _____
Relationship: _____ Phone: () _____
Email: _____

Summer Camp Dates

__ June 10 - 13 __ July 15- 18
__ June 17 - 20 __ July 22 - 25
__ June 24 - 27 __ July 22 - 25
__ July 1 - 4* __ July 29 - Aug 1
__ July 8-11 __ Aug 5 -8

Please select the week your Jr. Golfer will attend. First week is \$200.00 and \$150 for siblings and additional weeks selected.

*No Camp Fourth of July

HEALTH INFORMATION

Emergency Contact : _____ Relationship : _____
(If Parent/ Guardian cannot be reached)

Work Place : _____ Phone : _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Joe Caruso Golf Academy representatives. I hereby give permission to the medical personnel selected by Joe Caruso Golf Academy representative to secure any and all medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all cost shall be the responsibility of the parent or guardian.

Parent / Guardian Initials : _____

EQUIPMENT

I understand that any golf equipment received for use is the property of Joe Caruso Golf Academy and may be returned at the discretion of Joe Caruso Golf Academy facility upon the termination of the participant's involvement in the program.

Parent / Guardian Initials : _____

MEDIA RELEASE

I Hereby give Joe Caruso Golf Academy permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent / Guardian Initials : _____

I, _____ of the above named youth, give approval for participation in Joe Caruso Golf Academy sponsored activities. I assume all risk of injury whatsoever and agree to hold harmless and Joe Caruso Golf Academy from claim(s) of any nature arising from any activity, including transportation, connected with Joe Caruso Golf Academy. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Joe Caruso Golf Academy its employees, agents and US Kids Golf Professionals, participating agencies, and volunteers. I consent to Joe Caruso Golf Academy communicating information regarding my child's participation via the internet.

Parent / Guardian Signature : _____ Date : _____

Please Print Name : _____

For Facility Use: Amount Paid : _____ Check Cash Credit Card