



## 2025 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? PLEASE CIRCLE

Week 1 6/23-6/27:

Week 5 7/21-7/24:

Week 2 6/30-7/3:

Week 6 7/28-7/31:

Week 3 7/7-7/10:

Week 7 8/4-8/7:

Week 4 7/14-7/17:

Emergency Contact Info Below:

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name(s) of person(s) to whom the child may be released to if you are unable to: \_\_\_\_\_



## 2025 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 known allergies (food, insects, medications)? Yes No

If yes, please explain: \_\_\_\_\_

In consideration of myself or my child being allowed to participate in a 2025 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.

Medical Information & Waiver Form Received: Please Circle: Yes

YES – Consent is hereby given for the applicant to participate in a 2025 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: \_\_\_\_\_