



2019 Junior Golf Camp Registration Form

This form and the Emergency Medical Release form **MUST BE COMPLETED** in their entirety in order for your child to be registered for Golf Camp.

Child's Information

Child's name: _____
(Last name) (First name)

Birth Date: _____ Age as of June 10, 2019: _____
(Month/Day/Year)

Years of golf experience: _____ Do they have their own clubs: _____

What other sports does your child participate in? _____

Parent/Guardian Information

Parent/Guardian name: _____
(Last name) (First name)

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

Individuals Authorized to Drop-off/Pick-up Camper

Name <u>as it appears on</u> Driver's License	Make & Model of Vehicle	License Plate Number

2019 Registration Options

WEEK 1- June 10-14: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 2- June 17-21: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 3- June 24-28: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 4- July 8-12: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 5- July 15-19: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 6- July 22-26: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 7- July 29- Aug. 2: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

WEEK 8- Aug. 5-9: _____

Please select from the following options:

Full-day camp including:

- Before camp care
- After camp care
- Lunch plan @ Seneca Only

Waiver/Release of Claims

PHOTO RELEASE: I give Cleveland Metroparks permission to publish in print, electronic or video format the likeness or image of my child/children. I release all claims against Cleveland Metroparks with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

I AGREE

I DISAGREE

RELEASE OF CLAIMS: As part of the consideration tendered for my child/children being permitted to participate in Golf Camp activities, I agree to and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which my child/children may sustain arising out of, or in any way associated with, my child's/children's participation in Golf Camp activities.

X Signature of Parent/Guardian: _____ Date: _____

Emergency Medical Release

Both pages of this form and the Registration Form **MUST BE COMPLETED** in their entirety for your child to be registered for Golf Camp.

Name of child: _____ Birth date: ____/____/____
(Last name) (First name) (Month/Day/Year)

Parent/Guardian name: _____
(Last name) (First name)

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

***Please circle which number to call first in an emergency.**

Emergency Contact Persons

Name: _____
(Last name) (First name)

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

Relationship to child: _____

Name: _____
(Last name) (First name)

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

Relationship to child: _____

Medical History

Identify any medications your child is currently taking (purpose and dosage): _____

Has your child had in the past or currently have any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> diabetes | <input type="checkbox"/> modified diet |
| <input type="checkbox"/> allergies | <input type="checkbox"/> extreme fears | <input type="checkbox"/> recent injury/surgery |
| <input type="checkbox"/> asthma | <input type="checkbox"/> hearing/visually impaired | <input type="checkbox"/> separation anxiety |
| <input type="checkbox"/> autism | <input type="checkbox"/> learning disability | <input type="checkbox"/> other |
| <input type="checkbox"/> cognitive delays | <input type="checkbox"/> limited mobility | |

If yes, please explain:

What special accommodations are required for the above conditions: _____

Medical Insurance Company:

Physician: _____ **Phone:** (____) _____

Dentist: _____ **Phone:** (____) _____

One purpose of this form is to permit parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Cleveland Metroparks Golf Division Camp care, when parents or guardians cannot be reached.

**Part I OR Part II must be filled
out prior to your child participating in Golf Camp activities.**

PART I, REFUSAL TO CONSENT

I do not give my permission for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Cleveland Metroparks Golf Division authorities to: _____

X Signature of Parent/Guardian: _____ Date: _____

PART II, CONSENT GRANTED

In the event that reasonable attempts to contact me or listed emergency contact persons have been unsuccessful, I hereby give Cleveland Metroparks Golf Division my permission to contact my child's doctor/dentist for treatment deemed necessary and, if necessary, to transport my child to any hospital reasonably accessible.

X Signature of Parent/Guardian: _____ Date: _____

