



SUMMER CAMP REGISTRATION FORM

Parent Info

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Home Address: _____

Participant Info

First Name: _____ Last Name: _____

DOB: _____ Age: _____

<p>Summer Camp Dates:</p> <p><input type="checkbox"/> June 4 – June 7</p> <p><input type="checkbox"/> June 11 – June 14*</p> <p><input type="checkbox"/> June 18 – June 21</p> <p><input type="checkbox"/> June 25 – June 28*</p> <p><input type="checkbox"/> July 9 – July 12</p> <p><input type="checkbox"/> July 16 – July 19*</p> <p><input type="checkbox"/> July 23 – July 26</p> <p><input type="checkbox"/> July 30 – Aug. 2*</p>	<p>Golf Instruction:</p> <p><input type="checkbox"/> Full Day (\$350 per junior)</p> <p><input type="checkbox"/> ½ Day (\$275 per junior)</p> <p>Tennis Instruction:</p> <p><input type="checkbox"/> Full Day (\$350 per junior)</p> <p><input type="checkbox"/> ½ Day (\$275 per junior)</p> <p>Anklebiters*:</p> <p><input type="checkbox"/> ½ Day (\$225 per junior)</p>
<p><i>If you are attending multiple camps and would like to do golf instruction one week and tennis instruction another week, please note that in your email with this form.</i></p>	

Cancellation Policy: If you need to cancel your spot in summer camp, written notice must be received 1 week in advance of start date otherwise you will be subject to pay 50% of summer camp fees.

Payment Info

Method of Payment: Member Charge (Member #: _____)

Credit Card

Name on Card: _____

Credit Card #: _____

Type of Card: _____

Exp. Date: _____

Security Code: _____

Billing Zip Code: _____

Photograph Permission

I give permission for Eldorado Country Club (ECC) and its employees/instructors to use, without limitation or obligation, photographs, film footage or tape recordings that may include the Participant's image or voice for purposes of promoting ECC's programs.

Release

By signing below, I acknowledge that I am the parent and/or guardian of the above registered child. I hereby authorize ECC to contact paramedics immediately in the event of an emergency and/or administer first aid for minor injury. I also release ECC, its owners, employees and associates from any and all liability that results except those acts of negligence from the Club, owners, or staff. I understand that registration is non-transferable or refundable inside 7 days of summer camp start date. I also understand that summer camp will occur rain or shine. During inclement weather the coaches will conduct lessons and activities indoors.

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY MEDICAL INFORMATION

Full Name of Participant: _____ DOB: _____

Allergies: _____

Immunizations: _____

Medical History (i.e. diabetes, epilepsy, etc.): _____

Hospital: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Phone #: _____

Name of Policy Holder: _____

Policy #: _____ Group #: _____

Emergency Contacts:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Authorized By:

Signature of Parent/Guardian

Relationship to Participant

Date