2022 Summer Golf Camp

Registration, Medical Release, Liability Waiver

Session(s) Attending (please circle): 1 (6/27-6/30) 2 (7/11-7/14) 3 (7/18-7/21)
4 (7/25-7/28) 5 (8/1-8/4) 6 (8/8-8/11)

Name_____ DOB _____

Address_____ City/State/Zip_____

Email Address _____ Phone _____

Known Allergies _____

Known Medical Conditions_____

Parent/Guardian Name _____ Phone_____

Parent/Guardian Name _____ Phone_____

Emergency Contact _____ Phone_____

Insurance Carrier _____ Policy # _____

Acknowledgements

Recognizing the possibility of physical injury associated with golf and youth camp participation and in consideration for Wachusett Country Club and accepting the individual for its junior golf programs and activities, I hereby release, discharge and otherwise indemnify Wachusett Country Club and its affiliated golf instructors, their employees and personnel, including the owners of the facilities utilized for their programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the program. As the parent/legal guardian of a minor participating in Wachusett Country Club's golf instructional programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player. I agree to all of the above statements, and certify the above personal information to be accurate.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____Date _____