



2019 Vail Golf Club Junior Golf Camp Registration Form

First Tee of the Rocky Mountains



I HAVE INCLUDED PAYMENT TO ENROLL MY CHILD IN THE FOLLOWING PROGRAMS. I UNDERSTAND SPACE IS LIMITED.

****MUST BE 6 YEARS - 17 YEARS OLD FOR GOLF PROGRAM - FEE \$69 FOR THE 2 DAY CAMP / \$99 FOR 3 DAY / \$129 ADVANCED/ PER CHILD, PER SESSION**
 BEGINNER AND INTERMEDIATE CAMPS WILL INCLUDE ETIQUETTE, FITNESS, SNAG GOLF, SHORT GAME AND FULL SWING. EQUIPMENT PROVIDED.

- CHECK ONE: **SESSION 1 *2 DAYS** (THUR & FRI JUNE 13 AND 14) 9AM-11AM BEGINNER LEVEL
 SESSION 2 3 DAYS (TU-WE-THU: JUNE 18,19,20) 9AM-11AM INTERMEDIATE LEVEL
 SESSION 3 * 2 DAYS (TUES & WED: JULY 9,10) 9AM-11AM BEGINNER LEVEL
 SESSION 4 3 DAYS (TUES-WED-THU: JULY 16,17,18) 9AM-11AM INTERMEDIATE LEVEL
 SESSION 5 *3 DAYS (TUES-WED-THUR: JULY 23,24,25) 9AM-11AM INTERMEDIATE LEVEL
 ***ADVANCED* 3:00-5:00PM *AGES 10-17YRS** (TUES-WED:3 DAY JULY 23,24,25) ADVANCED LEVEL.

ADVANCED CAMP WILL INCLUDE ON COURSE PLAY, SHORT GAME, FULL SWING, FITNESS, ETIQUETTE AND RULES, BUNKER PLAY AND ON COURSE INSTRUCTION.

PAYMENT: CASH, CHECK, VISA/MC, DISCOVER OR AMERICAN EXPRESS ACCEPTED: \$69 / \$99 / \$129 PER CHILD PER SESSION

CARDHOLDER _____ # _____ EXP _____ SIGNATURE: _____

CHILD'S NAME _____ M F DATE OF BIRTH _____ AGE _____ ENTERING GRADE _____

PERMANENT MAILING ADDRESS _____ CITY/STATE/ZIP _____

PHYSICAL RESIDENCE ADDRESS _____ CITY/STATE/ZIP _____

MOTHER'S NAME _____

FATHER'S NAME _____

PHONE (H) _____ (C) _____

PHONE (H) _____ (C) _____

EMPLOYER _____ (PHONE) _____

EMPLOYER _____ (PHONE) _____

WORK SCHEDULE/HRS _____

WORK SCHEDULE/HRS _____

EMAIL _____

EMAIL _____

LOCAL LODGING OR CONTACT: _____ RM #: _____ PHONE: _____

PERSONS IN ADDITION TO MOTHER & FATHER TO WHOM THE CHILD MAY BE RELEASED: (PICTURE ID REQUESTED IF PERSON IS UNKNOWN TO STAFF)

➤ PLEASE INFORM CAMP DIRECTOR OF CUSTODY ISSUES ➤ PLEASE NOTIFY CAMP IN WRITING IF SOMEONE NOT NOTED HERE WILL PICK UP YOUR CHILD

(1) _____ (2) _____ (3) _____

PERSON OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED IN AN EMERGENCY SITUATION WHEN PARENTS ARE NOT AVAILABLE:

_____ PHONE (H) _____ (W) _____ (C) _____

MEDICAL & SOCIAL INFORMATION: Medications _____ Allergies _____

➤ Please discuss administration of ANY medicine with Camp Director per State requirements

Concerns, special challenges, likes, dislikes: _____

Instructions for staff related to above: _____

Physician _____ Phone _____ Dentist _____ Phone _____

Health Insurance Company _____ Policy # _____

◆ In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by a Vail Golf Club employee in their personal vehicle? Yes No Hospital preferred for treatment:

⇒ PLEASE COMPLETE PAGE 2 OF FORM

2.

◆ **Agreement to Waive Legal Rights** In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and physically able to participate in said activity. I agree to waive and release Vail Recreation District and/or the Town of Vail and/or the Vail Golf Club and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Golf Club and Recreation District and/or the Town of Vail. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature

Print Name

Date

PLEASE READ AND INITIAL NEXT TO THE FOLLOWING ITEMS

I have read the program's complete Policies and Procedures. I understand and agree to abide by these regulations. _____

If I need to change my reservation:

I will provide at least one-week notice of each change requested which will be processed (space allowing) at no charge. _____

I will provide at least 48 hours notice of any reservation I must **cancel**. If VRD Vail Golf Camp is able to fill my child's reserved space, I will receive a refund of the daily fee, less a \$5 processing charge. _____

If my child arrives to camp after 9am, I understand that his/her space may be forfeited and sold to another participant. _____

I understand that program start and end times are firm. Pick up is at 11:05 am (All Golf Camp Sessions) arrive late to pick up my child, I will be charged **\$5 for each 15 minute period** past the program's end time, starting at one minute past the end time. This fee is due immediately to the staff member who remains with my child. _____

I authorize Vail Golf Club staff to charge the credit card provided on the front of this form for initial payment and for future payments when they verbally inform me that I owe for services. _____

My child may may not Walk Bike Take the bus to _____ at the end of the day. _____

I agree not to send my child to Vail Golf Club programs if he/she is showing signs of illness or communicable disease. _____

I have notified Vail Golf Club staff of any concerns or special challenges my child may have, (including medication or learning needs), while attending the program and have listed any special instructions. _____

Vail Golf Club Camp participants:

I give do not give permission for my child, _____, to sign him/herself in when arriving. _____

I give do not give permission for my child, _____, to sign him/herself out at the end of the day. _____

By signing this, I agree to the terms and conditions set forth above:

Parent/Guardian Signature _____ Date _____

**For complete information, including policies, procedures, fees, and daily operations, visit
www.vailgolfclub.net**

----- Office Use Only -----

VERIFY RESIDENCY: VRD VAIL VISITOR NR ID USED: VRD PROPERTY SCHOOL ID OTHER _____ STAFF INITIALS _____ DATE _____

AMT. RECEIVED \$ _____ DATE _____ CASH CHECK # _____ CHARGE PROCESSED _____ CONFIRM SENT _____

**MAIL: The VGC Junior Golf Program ♦ Vail Golf Club ♦ 1775 Sunburst Dr ♦ Vail, CO 81657
PHONE: Main/Year Round: (970) 479-2260 ♦
♦EMAIL: aplain@vailrec.com**