



**2018 Junior Golf Clinic**  
**PLEASE CIRCLE SESSION: June 19-21 & July 17-19**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Member #: \_\_\_\_\_

Home Ph.: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Emergency Contact & Ph.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Mobile / Pager / Other Phone Number (s): \_\_\_\_\_

Child's Allergies, Medications, Limitations or Medical Conditions that we should know about: -  
\_\_\_\_\_

**Tuition:**

Member - \$80 per child

Non-Member - \$100 per child

**Time:** 9 AM to 11 AM

Payment Method: \_\_\_\_\_ Yes, charge my member # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Charge my credit card MC/Visa Amex \$ \_\_\_\_\_

CC# \_\_\_\_\_ Exp \_\_\_\_\_

Parents (s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return this Form to:  
Golfcrest Country Club Golf Shop  
2509 Country Club Drive, Pearland, TX, 77581



## Golfcrest Country Club 2018 Golf Camp Medical and Liability Release

\_\_\_\_\_ of \_\_\_\_\_ County, Texas, the Parent(s) or  
Names of Parents or Legal Guardians  
legal guardian(s) of \_\_\_\_\_, our minor child(ren),  
Name(s) of child(ren)

do hereby release for and in behalf of ourselves and our minor child(ren), Golfcrest Country Club, 2509 Country Club Drive, Pearland, TX, 77581, all owners, contracted agents and employees of such club, for any and all damages and/or personal injury which may occur in and form any connections with such club's sponsoring special events and activities associated with "Golfcrest Country Club Summer Camp".

This is a full release of any and all claims given in considerations for Golfcrest Country Club, its owners, agents and employees, sponsoring the above activities and events, from the time of my child's / children's arrival at the events until his / her / their departure.

\_\_\_\_\_, the undersigned, have read this release, and understand all  
Parent or Guardian  
its terms and hereby execute it voluntarily with full knowledge and understanding of its significance.

**Medical Release:** We hereby also consent to emergency medical / or hospital service that may be rendered by accredited hospitals or by appointed physicians, in the event such a need arises in the opinion of the duly licensed physician.

**If possible, please contact family physician / pediatrician:**

Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

Office or Emergency Phone: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

By providing the phone numbers and address listed on this form, I/we hereby give the Club my/our express written permission to contact me/us at each number or address to keep me/us informed about Club events, services and offerings. I/We acknowledge that the Club values my/our right to privacy. I/We understand that I/we can revoke this consent at any time by contacting the Club in writing.

\_\_\_\_\_  
Signature of Parent / Guardian

**Please Return this Form to:**  
Golfcrest Country Club – Pro Shop  
2509 Country Club Drive, Pearland, TX, 77581