



2019 Junior Golf Camp

PLEASE CIRCLE SESSION: June 18 to 20 AND/OR July 30 – August 1st

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 - \$100 per child

Non-Member - \$120 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 2019 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