

Junior GOLF

SIGN UP FORM CAMP



Child's First Name: _____ Last Name: _____ Boy: ____ Girl: ____ Age: ____ School: _____

T-Shirt size (circle one): Small (6-8), Medium (8-10), Large (10-12) Adult size: Small Medium Large

Parents' name: MOM: _____ DAD: _____

Address: _____ City: _____

Home #: _____ Work#: _____

Cell# (MOM) _____ Cell# (DAD) _____

Email: _____

Emergency Contact (adult only):

Name: _____ Home#: _____ Cell#: _____

Does camper have any special circumstances or physical limitations? If yes, please describe:

In case of illness or accident, I hereby request and authorize RGAC to attempt to contact me at the phone numbers given above. If a parent cannot be reached, I hereby authorize RGAC to contact the emergency contact listed above and, if necessary, to transport my child to the nearest hospital. I also agree not to hold RGAC responsible for any injuries to the child. I am aware of the activities that my child will be participating in and I am also aware that I am required to provide all needed materials, including applying sunscreen prior to arrival.

PARENT OR GUARDIAN

Signature _____

Date _____



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