



2017 Summer Golf Camp Registration

Name:

Age: _____ Camp Dates: _____

Emergency Contact: _____

Emergency Phone:

I understand River Strand Employees will be supervising my child and instructing them the game of golf. I understand that my child will be involved in physical activity and may be engaged in other activities such as swimming, games, riding in golf carts, ect. I authorize such activities and understand that River Strand's staff will make every reasonable effort to maintain every child's safety. I understand the staffs are not trained lifeguards. I authorize my child to participate in such physical activities.

Name: _____ Signature: _____

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