



You belong here.

2017 COUNTRY CLUB KIDS CAMP

SESSION 1: TUESDAY - FRIDAY, JUNE 13-16

SESSION 2: TUESDAY - FRIDAY, JULY 11-14

8:00 am - 4:00 pm

GOLF....TENNIS... SWIM

Your children will enjoy four days of Summer Sports Camp learning the basics of golf, tennis and swimming. Our staff of certified professionals will provide group and individual instruction in golf and tennis followed by an afternoon of supervised fun at the pool by our lifeguard staff. The emphasis on the sports camp is FUN and FRIENDSHIP while learning the fundamentals and etiquette of the games. Camps are offered to children age 8 and up during the months of June and July and run four consecutive days; Tuesday through Friday; 8:00 am-4:00 pm.

Camp will begin each day by meeting on the patio behind the clubhouse at 8:00 am for check-in. Campers should wear comfortable clothing and shoes appropriate for active sports (i.e. shorts, t-shirt, and running shoes). Campers are required to bring their own golf equipment, tennis racket, swim suit, towel, goggles, and sunscreen. A hat or visor and sunglasses are recommended.

Golf bag storage will be provided in our bag room for the campers throughout the week. If you need to purchase equipment, please contact our Pro Shop staff for information and assistance.

Campers will be assigned groups according to age and skill level in an effort to make the week more enjoyable for each camper. Participation space is limited to ensure a smaller Junior-to-Instructor ratio. Completed registration forms including medical history, medical insurance and a liability waiver are required, along with payment in full prior to the start of each camp. Registration forms are available in the pro shop, front lobby of the clubhouse, and may be downloaded from our website: www.summitchasecc.com

Cost: \$200 per child, per weekly camp session





COUNTRY CLUB KIDS CAMP

2017 REGISTRATION FORM

Date: _____ Club Member Number: _____

Child's Name (First, MI, Last) _____

Sex: Male Female Age: _____ Date of Birth: _____ Shirt Size: _____

Street Address: _____

City, State, Zip: _____

Father / Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Mother / Legal Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Camp Session - please indicate which session(s) your child will attend:

Session 1 - Tuesday - Friday, June 13-16, 8:00 am - 4:00 pm

Session 2 - Tuesday - Friday, July 11-14, 8:00 am - 4:00 pm

Cost: \$200.00 per child/per session; payment in full is due at registration; no refunds for days absent from camp.

Method of Payment - please check one: Club Charge Cash/Check

Credit Card: (MC/Visa/AmX) _____



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COUNTRY CLUB KIDS CAMP

EMERGENCY MEDICAL AUTHORIZATION

Date: _____

Child's Name (First, MI, Last) _____

MEDICAL HISTORY: (Allergies, Surgeries, Injuries)

MEDICATIONS CURRENTLY TAKEN:

Dosage:

_____	_____
_____	_____
_____	_____

Will your child need to take his/her medication while attending camp? [yes] [no]

If yes: name of medication _____ dosage _____ time _____

MEDICAL INSURANCE INFORMATION:

Insurance Provider: _____

Group Name: _____

Medical ID Number: _____

Physican/Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Emergency Contact if parent cannot be reached:

Name: _____ Phone: _____

POWER OF ATTORNEY AND CONSENT FOR MEDICAL CARE OF MINOR CHILD:

By signing this form, I hereby authorize Summit Chase Country Club to authorize and consent to any medical care and treatment for _____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. Any such authorization and contact shall be on our behalf and in our name and stead.

Date: _____

Parent Name : _____

Signature: _____

Printed

SUMMIT CHASE COUNTRY CLUB
CONSENT, RELEASE AND WAIVER OF LIABILITY FORM
2017 COUNTRY CLUB KIDS CAMP

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child, _____ to participate in the Summit Chase Country Club Kids Camp the week _____ (hereinafter referred to as the "Camp").

I understand that it is my responsibility to provide transportation for my child to and from the Camp. I understand that in order to participate in this program, my child must abide by the rules and codes of conduct established by the program staff. Summit Chase Country Club reserves the right to dismiss a child from the Camp due to that child's disruption of the program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Vice-President and General Manager of Summit Chase Country Club. No refund will be given upon dismissal from the Camp.

I understand that the activities of this program may include certain physical activities such as swimming, tennis, and golf. I understand and agree to assume any and all risks associated with the Camp activities.

I grant permission for my child to participate in activities that are part of the scheduled activities for the Camp. I understand that some of these activities may include transportation, and give permission for my child to be transported as necessary.

I grant permission for my child to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers or other print or online media.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the Summit Chase Country Club, requires immediate medical attention, I give consent for any member of the Camp staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation, I will be notified as soon as possible. I also agree to provide the Camp staff with emergency contact information.

I further understand that the cost of the medical care deemed necessary for the treatment of any emergency illness, injury, or accident occurring while my child is attending the Camp is my responsibility, and that the Camp, Summit Chase Country Club, their members individually, their instructors and their employees individually are not obligated to pay for such medical care.

For the sole consideration of Summit Chase Country Club allowing my child to participate in this program, I hereby release and forever discharge the Camp, Summit Chase Country Club, their members individually, their instructors, and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with my child's participation in this program.

I further covenant and agree that for the consideration stated above I will not sue Summit Chase Country Club, their members individually, their instructors and employees for any claim for damages arising or growing out of my child's voluntary participation in this program.

I have received a copy of this document and I certify I am at least 18 years of age and I have read the above carefully before signing.

This _____ day of _____, 2017

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian (Printed)