

SILVER SANDS GOLF RESORT JUNIOR GOLF CAMP REGISTRATION FORM

PARTICIPANT INFORMATION	FULL NAME: _____	DOB: MM: _____ DD: _____ YYYY: _____
	SKILL LEVEL: <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	
	AHC #: _____	ALLERGIES? <input type="checkbox"/> NO If yes: _____ <input type="checkbox"/> YES _____
	OTHER MEDICAL CONCERNS? _____	

*****ALL PARTICIPANTS MUST BRING THEIR OWN GOLF EQUIPMENT TO CAMP EACH DAY*****

PARENT/GUARDIAN #1	Name: _____	Phone Number(s): _____ (home)
	Address: _____	_____ (work)
	_____	_____ (cell)
	Email address: _____	

PARENT/GUARDIAN #2	Name: _____	Phone Number(s): _____ (home)
	Address: _____	_____ (work)
	_____	_____ (cell)
	Email address: _____	

EMERGENCY CONTACT INFORMATION	Name: _____	Relationship to camper: _____
	Phone Number(s): _____	Email address: _____
	_____	_____

PARENT/GUARDIAN CONSENT	All campers must be signed out by an authorized adult prior to their dismissal from camp. You can give your child permission to sign herself/himself out by checking the box below:	
	<input type="checkbox"/> YES, I GRANT MY CHILD THE AUTHORITY TO SIGN HERSELF/HIMSELF OUT	
	PARENT/GUARDIAN AUTHORIZATION: I hereby approve my child's attendance at Silver Sands Golf Resort Junior Golf Camp and certify that she/he is in good health and able to participate in the program activities. I understand that there are risks and hazards inherent in the activities of the camp and that my child may suffer personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my child's participation in the camp is entirely at my own risk. Silver Sands Golf Resort, its officers and employees, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including, but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by this registration. I hereby waive, release and indemnify Silver Sands Golf Resort, its officers and employees from and against any such claims. I authorize that the camp instructor and Silver Sands Golf Resort employees can act on my behalf according to their best judgement in any emergency requiring medical attention.	
	_____ Signature of Participant's Parent/Guardian	Date: _____ _____ Date: _____

USE OF PHOTOS/VIDEO AND PERSONAL INFORMATION OF PARTICIPANT	I authorize Silver Sands Golf Resort, its employees or agents, to take pictures or video of my child during her/his participation in the camp, and that these may be used for advertising or promotional purposes including, but not limited to, use on Silver Sands Golf Resort's promotional materials, webpage, and social media (e.g. Facebook, Twitter). I agree to have my child's picture and/or video used for advertising or promotional purposes. I agree to have my child's name used in advertising or promotional materials.	
	I waive any right to compensation, promotional material, and legal actions resulting from any said media materials collected	
	_____ Signature of Participant's Parent/Guardian	Date: _____ _____ Date: _____
	_____ Witness signature	

CAMP REGISTRATION FEES MUST BE PAID IN FULL ON OR BEFORE THE FIRST DAY OF CAMP. REGISTRATION FEES MAY BE PAID IN CASH OR BY CHEQUE MADE PAYABLE TO:

SILVER SANDS GOLF RESORT
 PO Box 60,
 Fallis, Alberta T0E 0V0

