



HALF-DAY JUNIOR GOLF CAMPS 2010

WILLOW VALLEY HALF-DAY JUNIOR CAMPS REGISTRATION 2010

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1. Please Check Camp attending:
- Camp 1 - June 29- July 2
 Camp 2 - July 5-9
 Camp 3 - July 12-16
 Camp 4 - July 19-23
 Camp 5 - July 26-30
 Camp 6 - Aug 9-13
 Camp 7 Aug 16-20
 Camp 8- Aug 23-27

Last Name: _____ First Name: _____

Sex: M F Age: _____ Birthdate (DD/MM/YY): _____

Current School: _____ Grade (at June 2010): _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-mail: _____

Parent Name: _____ Business Phone: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

HEALTH CERTIFICATION

All participants must have health insurance. Ontario residents are covered through OHIP, and should indicate their number below. If the participant is **not** a resident of Ontario, please indicate the insurance company and policy number below. By signing the bottom of the form, the parent/guardian indicates the applicant is in good health.

Health Card Number (Ontario residents) : _____

Insurance Company (non-residents only) _____ Policy Number: _____

Please indicate any health concerns (allergies, medical conditions, medication): _____

Piper's Heath cannot guarantee an allergy-free environment. All campers must be able to identify their own allergies and carry the needed medication for treatment.

WAIVER AND CONSENT

Piper's Heath Privacy Policy: Personal information collected for the Summer Camp will be used and held solely by Core Golf Academy. Information is collected for the operation of the camp which includes safety and emergency purposes, and for future correspondence with camp participants, which may include information about relevant upcoming events.

Conduct: The programs are operated by, and located on the associated Golf Club premises. To this end, all registrants will respect the facilities and grounds, and will abide by the Camp rules. Failure to do so may result in immediate expulsion from a program, without a refund of payment.

Refund Policy: Refunds will be issued for any cancellation received 7 days prior to the first day of attendance. All refunds are subject to a \$25 administration fee.

Waiver and Consent: I, the undersigned, hereby authorize Core Golf Academy or anyone acting on its behalf, to acquire medical aid that may be required as a result of any accident or injury sustained by my child. I hereby indemnify and save harmless Core Golf Academy from any and all actions, claims and demands for damages, loss or injury, however arising, which heretofore may have been sustained by my child while participating in the camps.

Photo Permission: Participants in the Summer Camps will be photographed. These photographs may be posted online, and used in print materials for the following year's camp. If you do not want your child's photograph to be used in print or on the web, please check below.

I do NOT permit my son/daughter's photograph to be published.

I have read and agree to the above: _____

Parent/Guardian Signature Date

Participants will receive a confirmation letter upon receipt of the application with payment.

PAYMENT INFORMATION (Payment is due in full upon registration)

Camper's Name: _____

Total Payable: \$ _____ (Cheques payable to The Academy at Willow Valley)

MasterCard Visa AMEX Card #: _____ Expiry Date (MM/YY): _____

Name on card: _____ Signature: _____

Please sign document and send via fax to : 905-679-3521 or by email via scanned document to willowvalley@coregolfacademy.com
 Financial information collected will only be used by Core Golf Academy and shared with the appropriate credit card company.