

2017 Summer Junior Golf Camps
Tracy Minerva, LPGA Teaching Professional
321-795-8813

[Email: Tracy.Minerva.LPGA@gmail.com](mailto:Tracy.Minerva.LPGA@gmail.com)

Camp Information ~ Please Complete

Where:					
Camp:		Level:	Beginner	Intermediate	Advanced
Time:		Dates:			
Confirm#		Cost:		Paid?	
Attire:	Collared Shirts or Nice T-shirts, No Jeans or Screen Printed T-shirts				

Junior Golf Registration ~ PLEASE PRINT

Junior's Name					Gender					
Guardian's Name										
Email Address										
Address										
City				State		ZIP				
Home Phone				Mobile Phone						
Emergency Contact Name				Emergency Contact Number						
	OTHER THAN GUARDIAN ABOVE				OTHER THAN GUARDIAN ABOVE					
Date of Birth			Age			Allergies, Medications, Medical Conditions				
Has child played golf before?			Yes? How long?			Do you have your own clubs?				
How did you hear of the Camps?										
Shirt Size:	Youth:	S	M	L	XL	Men's	S	M	L	XL
						Women's	S	M	L	XL
MAKE CHECKS PAYABLE TO:	Tracy Minerva									
MAIL APPLICATION & Non-refundable \$50.00 deposit to:	528 Lenore Ave. Titusville, FL32796									
GUARDIAN SIGNATURE:										

**Required by EVERY JUNIOR – Refillable Water Bottle,
 Sunscreen, Hat, Sunglasses, Hand Towel, Waiver**

WAIVER OF LIABILITY
Tracy Minerva Golf
Summer 2017
Golf Instructional Events

The participant _____ (and the Minor Participant's parent/guardian on behalf of Minor participant and on their own behalf) hereby waive all claims (past, present or future) and agree to hold harmless Tracy Minerva Golf and/or The Great Outdoors RV and Golf Resort, Titusville, Florida, as well as it's officials and volunteers, from all and any liability for personal injuries in any way caused by the participation in the Tracy Minerva Golf Instructional Events and events at The Great Outdoors in which the participant is registered. Knowing, understanding and fully appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with participation in the Tracy Minerva Golf Instructional Events.

Medical Release

We hereby also consent to emergency medical / or hospital service that may be rendered by accredited hospitals or by appointed physicians, in the event such a need arises in the opinion of the duly licensed physician.

If possible, please contact family physician / pediatrician:

Name: _____ Phone: _____

Office Address: _____

By providing the phone numbers and address listed on this form, I/we hereby give the Club my/our express written permission to contact me/us at each number or address to keep me/us informed about Club events, services and offerings. I/We acknowledge that the Club values my/our right to privacy. I/We understand that I/we can revoke this consent at any time by contacting the Club in writing. My signature on this document is intended to bind not only myself, but also my successors, heirs, representatives, administrators and assigns.

I also understand should I cancel my child's participation less than 48 hours prior to the FIRST day of the event I forfeit the \$50.00 deposit – It is a non-refundable deposit.

Print Participant's Name

Signature

Date

Print Parent/Guardian

Signature

Date

Junior's name: _____

LUNCHES

Lunches will consist of a sandwich, small bag of chips, squeeze yogurt, assorted fruit, juice or water.

Circle One for each – cross through cheese if not wanted

Sandwich

PB&J (grape jelly)

Ham and Cheese

Turkey and Cheese

Juniors with food allergies and/or complications will be required to bring their own food. Please notify us what medications your junior will bring as a precaution if complications arise.

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