

2016 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 (or call Tracy (321-795-8813) for Paypal)											
MAIL APPLICATION TO: 28 Lenore Ave. Titusville, FL 32796											
GUARDIAN SIGNATURE:											

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

WAIVER OF LIABILITY
Tracy Minerva Golf
Summer 2016
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.

Print Participant's Name

Signature

Date

Print Parent/Guardian

Signature

Date