



# 2020 SUMMER CAMP REGISTRATION FORM

## PLEASE PRINT

Golfers' Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Member #: \_\_\_\_\_

Will you need clubs? \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Have you Attended a prior Summer Camp? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Medical history: Allergies or other medical concerns: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## **WAIVER OF LIABILITY**

I, \_\_\_\_\_ (legal guardian), certify that the foregoing information is true and correct. I further certify that I have reviewed my child's participation in the activities offered by the Purpoodock Club in Cape Elizabeth, Maine with our physician, and he/she has approved all activities in which our child will participate. In consideration of the Club allowing our participation in activities offered at the Club we hereby for ourselves, or heirs, personal representatives and assigns, waive and release the Purpoodock Club, its members and employees from demands and cause of action for injury or damage suffered by our child in connection with the use of any equipment, facilities or services offered by the Club.

(Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A non-refundable deposit of \$100 will be billed at the time of registration.**

## **PLEASE CHECK ONE:**

**SUMMER CAMP – SESSION #1, 8:30am-3:00pm**

June 22, June 23, June 24

**SUMMER CAMP – SESSION #2, 8:30am-3:00pm**

July 27, July 28, July 29

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For Office Use Only

CHECK # \_\_\_\_\_

MEMBER ACCOUNT: \_\_\_\_\_

AMOUNT: \_\_\_\_\_