



Golf Camp Registration Form:

This form must be completed and submitted in order for your child to participate in Eaglequest Camps. All information is kept strictly confidential.

Participants' name: _____

Address: _____ City: _____ Postal Code: _____

Email: _____

Birthdate/Age: _____

Name of Parent/Guardian: _____ Cell #: _____

Alternate Contact Name: _____ Cell #: _____

Medical Information:

1) Does your child have any medical conditions or take any medications that we should be aware of? _____. If yes, please list prescriptions and dosages: _____

2) Does your child have any allergies (food, medication, environmental)?

3) Please list any family information or special instructions that our instructors should be aware of: _____

Release:

In consideration of me and/or my child participating in this program, I recognize that there are inherent risks associated. I hereby agree to release Eaglequest Golf Centers Inc. from all claims, liabilities, obligations and costs which I may have against Eaglequest Golf Centers Inc. and their respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising out of any negligence on the part of Eaglequest Golf Centers Inc. or their respective agents, servants or representatives.

Signature of Parent/Guardian: _____ Date: _____

Medical Release:

In the event that my child (name) _____ is injured, ill or in need of medical attention and I am unable to be contacted, I authorize Eaglequest Golf Centers Inc. and its agents, servants or representatives to seek medical attention and/or admit my child to hospital

Signature of Parent/Guardian: _____ Date: _____

Photo Consent Release:

I give permission to Eaglequest Golf Centers Inc. and its agents, servants or representatives to take photos of my child while attending golf camps at Eaglequest. I agree that photographs of my child may be used lawfully in web and social media content, newsletters and printed marketing material to promote future Eaglequest junior programs, lessons and camps.

Yes I give permission: _____

No I do not give permission: _____

Signature of Parent/Guardian: _____ Date: _____