



SUMMER CAMP ENROLLMENT FORM

CHILD INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____ (MM/DD/YYYY)

CHILD'S HOME ADDRESS: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT

PARENT/GUARDIAN NAME: _____

RELATION TO CHILD: _____ LICENSE #: _____ STATE: _____

HOME ADDRESS: _____

REACHABLE PHONE: _____

EMAIL: _____

\$350/- PER WEEK, TUESDAY WEDNESDAY AND THURSDAY, 9:00 AM – 12:00 PM
(7 KIDS MINIMUM)

CHECK THE WEEKS YOUR CHILD WILL BE ATTENDING THE CAMP:

JUNE 10 – JUNE 13: _____ JUNE 16 – JUNE 20*: _____ JUNE 24 – JUNE 27: _____

JUNE 30 – JULY 3*: _____ JULY 8 – JULY 11: _____ JULY 15 – JULY 18: _____

JULY 22 – JULY 25: _____ JULY 29 – AUG 1: _____ AUG 5 – AUG 8: _____

AUG 12 – AUG 15: _____ AUG 19 – AUG 22: _____

*CLOSED ON THURSDAY, JUNE 19, AND FRIDAY, JULY 4, THE CAMP WILL BE ON MONDAY JUNE 16TH AND MONDAY JUNE 30TH FOR THOSE WEEKS.

- CHANGE IN SCHEDULE CAN BE REQUESTED A WEEK PRIOR AND WE WILL TRY TO ADJUST IT IF POSSIBLE BASED ON AVAILABILITY.
- ON FRIDAYS CHEESE PIZZAS WILL BE PROVIDED FOR LUNCH. PLEASE INFORM US IF YOUR CHILD HAS ANY FOOD ALLERGIES.

ALLERGIES: _____

BY SIGNING THE REGISTRATION, THE PARENT/GUARDIAN SIGNS THE WAIVER AGREEMENT FOR THE CHILD NAMED BELOW AND AGREES AND ACCEPTS THE TERMS AND CONDITIONS OF GOLF TAVERN.

NAME OF CHILD: _____

PRINT NAME PARENT/GUARDIAN: _____

SIGN PARENT/GUARDIAN

DATE