



# SCHOOL HOLIDAY JUNIOR GOLF CAMP



Please tick

- Monday 10<sup>th</sup> December, 2018
- Thursday 24<sup>th</sup> January, 2019

- Thursday 17<sup>th</sup> January, 2019

Name: ..... Male / Female

Home Address: .....

Email Address: .....

Ph Home: ..... Mobile: .....

Date of Birth: .....

Emergency Contact: ..... Emergency Contact Ph: .....

Dietary Requirements: .....

Medical Conditions: .....

Are you coming along with any friends? If so, who: .....

Have you had any golf experience? .....

By signing this form:

I ..... confirm that I am the parent/guardian of the person registered on this form.

I understand that although the Long Reef Golf Club and its employees attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there are inherent risks of personal injury involved in the Long Reef School Holiday Junior Camp, and I agree that my child participates in activities at his/her own risk

Signed ..... Date: .....

Payment Details: \$65.00 per day      MasterCard/Visa

Card #: \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_      Exp: \_\_\_ / \_\_\_

Signature: .....

**Please return this form to the Office or Email to [office@lrgc.com.au](mailto:office@lrgc.com.au)**