



• JUNIOR GOLF CAMPS •

Name: _____ Age: _____

Parents Name: _____

Camp session you wish to attend: July 5-8 (8:30-11:00) July 5-8 (9:00-11:30) July 5-8 (12:00-2:30) July 5-8 (12:30-3:00)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____

City, Province, Postal Code: _____

Skill Level: Beginner Intermediate Experienced

Shirt Size: _____

Payment Method: Credit Card Cash Cheque Credit from last summer

Card # _____ Exp. _____ CVV _____

Signature of Card Holder _____

I hereby authorize the staff of Ainsdale Golf Course to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Ainsdale Golf Course, its employees or agent from any and all liability for any injuries or accidents incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named participant's participation in the camp program outlined in this registration form. I also understand that Ainsdale Golf

Course retains the right to use for publicity and advertising purposes photographs of participants taken at camp.

Parent or Guardian's Signature: _____

Please submit completed form to Golf Shop or
email to **Taylor Candler** at **taylor@ainsdalegolfcourse.com**