

Golfer's Name: _____ Age: _____
Guardian Name: _____ Email: _____
Telephone: _____

SUMMER CAMP SESSION

\$599.00 per week | Discounts available: 20% for Members or 10% Loyalty/Sibling registrations

- June 1 - 5 June 15-19 June 29 - July 3 July 13 - 17 July 27 - July 31
- June 8-12 June 22 - 26 July 6 - 10 July 20 - 24 August 3 - 7

Waiver/Indemnification: Parent or legal guardian must sign below before junior golfer is accepted in any PGA National Golf Academy Camp Program. As parent or legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Golf Camp Activities. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in any PGA National Golf Academy Camp Program. I further agree to indemnify and hold harmless PGA National Resort and its agents, servants, employees and/or representatives from any and all liability, damage, cost, or expense arising out of my child's participation of every kind of nature in Golf Camp Program activities/events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified staff member, EMT, physician/staff of hospital or any other qualified individual to provide any medical treatment deemed necessary.

- I grant PGA National Resort the right to use my child's photograph and/or video taken during Camp in any marketing materials
- I **do not** grant PGA National Resort the right to use my child's photograph and/or video taken during Camp in any marketing materials

Signature of Parent/Legal Guardian: _____ **Date:** _____