

2020 JUNIOR SUMMER CAMP REGISTRATION



Alamo City
GOLF TRAIL
PERFORMANCE
ACADEMY

Junior Golfer Information

Name: _____ Age: _____ M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Parent / Guardian Information

Name: _____

Relationship: _____ Phone: _____

Email: _____

2020 Summer Camp Dates

Monday - Friday 9 am - 12 pm

_____ JUNE 22-26

_____ JULY 20-24

_____ JUNE 29 - JULY 3

_____ JULY 27-31

_____ JULY 6-10

_____ AUGUST 3-7

_____ JULY 13-17

_____ AUGUST 10-14

Please select the week(s) your Jr. Golfer will attend.
First week is \$250, \$200 for siblings and additional weeks selected.

6102 San Pedro Avenue • San Antonio, TX 78216
(210) 492-7888 • www.joecarusogolf.com

HEALTH INFORMATION

Emergency Contact: _____ Relationship _____

Work Place: _____ Phone: _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Joe Caruso Golf representatives. I hereby give permission to the medical personnel selected by Joe Caruso Golf representative to secure any and all medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a health care provider, all cost shall be the responsibility of the parent or guardian.

Parent / Guardian Initials: _____

EQUIPMENT

I understand that any golf equipment received for use is the property of Joe Caruso Golf and may be returned at the discretion of Joe Caruso Golf facility upon the termination of the participant's involvement in the program.

Parent / Guardian Initials: _____

MEDIA RELEASE

I hereby give Joe Caruso Golf permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent / Guardian Initials: _____

I, _____ of the above named youth, give approval for participation in Joe Caruso Golf sponsored activities. I assume all risk of injury whatsoever and agree to hold harmless and Joe Caruso Golf from claim(s) of any nature arising from any activity, including transportation, connected with Joe Caruso Golf. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Joe Caruso Golf, its employees, agents and US Kids Golf Professionals, participation via the internet.

Parent / Guardian Initials: _____ Date: _____

Please Print Name: _____

For Facility Use: Amount Paid: _____ Check: _____ Cash: _____ Credit Card _____