



LEGACY ELITE JUNIOR GOLF CAMPS

HEALTH AND RELEASE FORMS & RULES AND REGULATIONS

CAMPER INFORMATION

Camper Name: _____ Gender: _____

Date of Birth: _____ Height: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Email: _____

Parent/Guardian Name(s): _____

Relationship to Camper: _____

Cell Phone (STUDENT) : _____

Cell Phone (PARENT / GUARDIAN) _____

Additional Authorized Contacts (Emergency & Pick-Up):

Name and Relationship to Student

Cell Phone



HEALTH INFORMATION FORM

Are there any medical conditions that we should be aware of while we host your child over camp week?

No _____ Yes _____

Details: _____

Legacy Golf Academy requires students to be in charge of storing and taking their medications on their own. Parents will be responsible or reminding their child to take their medications if they feel it is necessary.

Will the student be taking medication while at camp?

No _____ Yes _____

List and Explain All Allergies (Environmental, Dietary, Drug, etc.): Each allergy we will need to know the following information:

- Allergy to what?
- How does it typically show itself?
- What is the standard treatment, and will the student be able to administer this themselves? Where do they intend to store this emergency medication?
- Should 9-1-1 be called if symptoms are shown?



Identify Any Medical Conditions physical or mental that will help provide a safe experience:

INSURANCE INFORMATION

Carrier Name: _____

Carrier Phone Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Number: _____



CAMP RULES AND REGULATIONS

- Full participation in Camp is mandatory. No refunds for illness/injury or non-participation.
- Legacy Elite Junior Golf Camps is not responsible for lost or stolen items.
- Cell phone use is prohibited during activities, unless otherwise required.
- Contact list of appropriate staff members will be given to the campers at the welcome party.
- Campers must remain on camp premises unless signed out by a guardian.
- Campers must remain in their rooms after curfew (10pm). Violation of this rule will result in parents / guardians being called to come pick up the student.
- Trespassing into unauthorized areas is forbidden.
- Campers must not vandalize or damage property.
- Violence, bullying, or harassment will not be tolerated.
- Weapons, alcohol, tobacco, and drugs are prohibited.
- Camper rooms and belongings may be inspected for safety.

I acknowledge that I have read and agree to abide by the Camp Rules and Regulations.

Signature of Student: _____ Date: _____

Signature of Parent/ Guardian _____ Date: _____



AUTHORIZATION FOR MEDICAL CARE

By signing below, I authorize Legacy Elite Junior Golf Camps staff to obtain or provide medical/dental care in the event of injury or illness. I understand I am responsible for all medical expenses and that my insurance is primary.

_____[INITIAL] I agree to the Authorization for Medical Care.

Over-the-Counter Medications: I approve I DO NOT approve

RELEASE OF LIABILITY & INDEMNITY

I acknowledge and accept that participation in the Camp involves risk of injury or illness. I hereby release and hold harmless Legacy Elite Junior Golf Camps / Heritage Hills Resort, its affiliates, staff, sponsors, and host facilities from any and all claims, except those resulting from gross negligence or willful misconduct.

_____[INITIAL] I agree to the Release of Liability and Indemnity.

MEDIA RELEASE

I authorize the use of my child's name, image, or likeness in any camp-related promotional materials. I waive the right to approve final materials or receive compensation.

_____[INITIAL] I agree to the Media Release.



ACKNOWLEDGMENT & SIGNATURE

I certify that all information provided above is accurate and complete. I have read and understood all terms, releases, and authorizations contained in this document and agree to be legally bound by them.

Parent/Guardian Signature: _____

Date: ___ / ___ / ____

Printed Name: _____

Camper Signature: _____

Date: ___ / ___ / ____