

KALAHARI JR. GOLF CAMP

AGES 9-12

Please return this form to:
 Jason Manke
 652 Trappers Turn Drive
 P.O. Box 176
 Wisconsin Dells, WI 53965

PARTICIPANT INFORMATION

Participant Name			
Street Address			
City	State	Zip	
Phone	Birthdate		

SHIRT SIZE

Youth	Small	Medium	Large	X-Large
Adult	Small	Medium	Large	X-Large

Parents/Guardians are required to stay at Kalahari Resort during camp dates and attend all sessions held at the resort. Parents/Guardians have the option of attending the golf portions at Trappers Turn. Your guest room comes with all the amenities of being a Kalahari Resort guest, including Waterpark admission for up to four people; including non camp attending children.

Check-in and registration will occur at Kalahari Resort at 2 p.m. on August 10, and pick-up will be at Trappers Turn at 1 p.m. on August 14.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name		
Phone		

The undersigned parent or legal guardian of _____, does hereby consent to their ward's participation in the Kalahari Golf Academy at Trappers Turn, and shall assume any and all liability that may arise as a result of injury sustained as a result of participation in the program, save and except for that which is the direct result of intentional failure of duty on the part of the management, instructors or coaches.

The undersigned acknowledges that participants may run the risk of being struck by a golf ball, golf club or other object, that there are risks associated with prolonged exposure to sun or other weather conditions, and that any sporting activity incorporates some inherent risk to personal health. By executing this document the undersigned acknowledges and accepts the risk of participation in the Kalahari Golf Academy at Trappers Turn.

I give permission for the instructor to use their best judgment in seeking medical treatment for the above participant while I am being contacted and if I cannot be contacted.

Parent or legal guardian