

KALAHARI JR. GOLF CAMP
AGES 13-17

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

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

Participants will be paired together in guest rooms by sex and age. Additionally, there will be a chaperon on their floor during night time hours.

Are you attending with another camper? If yes, please provide their name:

Parents/Guardians are welcome to stay at Kalahari Resort during camp dates and attend any/all sessions with their child. If they choose to attend, each participant will receive a \$250 camp credit off of their tuition, but must make room accommodations on their own, and must include the camper.

Will the parents/guardians be attending? (Yes or No)

Check-in and registration will occur at Kalahari Resort at 2 p.m. on June 13, and pick-up will be at Trappers Turn at 1 p.m. on June 17.

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