



DAVID REA JUNIOR GOLF CAMP 2024

APPLICATION

MEMBER _____ NON-MEMBER _____

Parents: Each Application and waiver statement must be signed by a parent or guardian. On a separate sheet please note any medical conditions we should be aware of. Camp registration will NOT be accepted without a signed waiver form (attached).

Camper's Name: _____ DOB: _____ Age: _____

Address: _____ City/State/Zip: _____

Parent/Guardian's Name: _____ Phone Number: _____

School: _____ Email Address _____

Session: Monday, June 17th – Thursday, 20th, 2024

Shirt Size: (Youth) S M L XL

(Adult) S M L XL 2XL 3XL

Level: Beginner Intermediate Advanced

Does the camper have golf clubs? (Not Required): Yes No

How did you learn about David Rea Junior Golf Camp?

Past Camper

Sibling of Past Camper

Golf Shop

Website/Facebook

Other: _____

PERSONAL INFORMATION

Has a Camper Attended a Golf Camp before? Yes No

Does camper have any learning difficulties or emotional needs? If yes, please explain / attach extra sheet if needed.

Does Camper have any medical conditions?

Do any of these conditions prevent Camper from being able to fully participate in camp activities? _____

Does the camper have any **special dietary needs/allergies?**

EMERGENCY CONTACTS / PICK-UP PERSONS

Name: _____ **Relationship to Camper:** _____

Address: _____ **City/State/Zip:** _____

Phone Number: _____

Name: _____ **Relationship to Camper:** _____

Address: _____ **City/State/Zip:** _____

Phone Number: _____

CAMP SCHEDULE

8:45 – 9:00 Check-In at Minnesott Yacht Golf and Country Club

9:00 – 11:30 Instruction with Snack and Drink Breaks

11:30 – 12:00 Lunch

12:00 Pickup

Please pick up your camper at 12pm at the same location as the drop off.

We are not staffed to care for your child after camp session.

2024 WAIVERS & LIABILITY

All initials & the parent/guardian signature MUST be original.

No Electronic initials or signature

MEDICAL RELEASE

I fully realize that injury or illness to my child may result from or during participation in the David Rea Junior Golf Camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Private Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child. _____ **INITIAL**

LIABILITY

FOR GOOD AND VALUABLE CONSIDERATION, including, but not limited to my minor child being permitted to participate in the 2024 David Rea Junior Golf Camp and related activities (the "Program"), I, my successors, heirs, assigns, executors, administrators, spouse, and next of kin, agree as follows:

PARENT/GUARDIAN AUTHORIZATION

I fully understand that my child's participation in athletic activities, by nature, involves a risk of serious injury or death, including economic losses, which may result not only from my child's actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the Program is being conducted, the rules of play, or this type of Program.

_____ **INITIAL**

I acknowledge that I fully realize the dangers of participating in such activities, and fully assume all risks associated with my child's participation in such activities, including, without limitation, any and all risks of bodily injury to my child, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my child's participation in the Program. _____ **INITIAL**

I covenant not to sue or present any claim for personal injury, property damage, or wrongful death against David Rea Junior Golf Camp, Minnesott Yacht Golf and Country Club, or their affiliates, or such parties' respective officers, directors, trustees, employees, agents or representatives (including, without limitation, coaches), collectively, the "Released Parties," for any loss of or damage to property, injury, or death suffered or incurred by any person while participating in, observing or otherwise being involved in the Program. _____ **INITIAL**

I hereby release, waive, discharge, and relinquish the Released Parties from any liability, loss, damage, claim, demand or cause of action of any and all kinds, nature and character whatsoever, known or unknown, including, but not limited to, any liability, loss, damage, claim, demand or cause of action arising out of or in connection with the Released Parties' negligence in connection with my child's participation in the Program. _____ **INITIAL**

I am giving the Released Parties a general release of any and all claims, present and future, that I and my child may have against the Released Parties. I understand that the granting of the foregoing release and covenant not to sue is an express condition to my child being permitted to attend and participate in the Program. _____ **INITIAL**

I verify that my child has been checked by a licensed physician prior to attending the Program and that my child is in good health and has no physical condition that would prevent him/her from participating fully in any event. _____ **INITIAL**

I acknowledge and agree that in accordance with my child's participation in the Program, photographs, pictures, slides, movies, or videos of my child may be taken without compensation from David Rea Junior Golf Camp and/or Minnesott Yacht Golf and Country Club, and I consent, in perpetuity, to the use of these photographs, pictures, slides, movies, or videos for any legal purpose and social media use. _____ **INITIAL**

In addition, if the undersigned, their heirs, assigns, executor, administrator, spouse, or next of kin, fail to comply with any of the provisions of the Agreement and David Rea Junior Golf Camp and/or Minnesott Yacht Golf and Country Club take action to enforce this document, the undersigned, their heirs, assigns, executor, administrator, spouse and next of kin will pay the reasonable costs and expenses, including attorney's fees incurred in preparation for or participating in any arbitration or litigation in connection with the enforcement of this document, as determined by the court or arbitrator. All lawsuits under this Consent Agreement and Waiver, unless otherwise specified, shall be filed in Pamlico County, NC. _____ **INITIAL**

DAVID REA JUNIOR GOLF CAMP RULES AND REGULATIONS 2024

As a condition to my minor child participating in the Program, both my child and I agree to abide by the following rules and regulations (collectively, the “Rules and Regulations”). I fully understand and acknowledge that any Student, including my child, in violation of the Rules and Regulations will be sent home immediately. The Rules and Regulations of the Program are as follows:

- A parent or designated chaperone is required to stay with minors participating in the Program (“Students”) when the Program is not in session.
- The parent or designated chaperone must be 16 years of age or older.
- All Students are expected to maintain a positive attitude throughout the camp.
- Appropriate dress for the golf course is required at all times (i.e., shirts, shoes, etc.).
- Students must observe proper etiquette while on the golf course (i.e. fill divots, replace divot marks, observe cart rules, etc.).
- Bad language and club throwing will not be tolerated.
- Absolutely **NO** drugs, alcohol, or tobacco will be allowed at any time.
- All Students will be supervised by a staff member and Students must notify the staff if they need to deviate from the schedule for any reason.
- For medical purposes each Students’ medical insurance information is required at registration.
- A complete copy of all Rules and Regulations available upon request. _____ **INITIAL**

THIS DOCUMENT RELIEVES THE DAVID REA JUNIOR GOLF CAMP, MINNESOTT YACHT GOLF AND COUNTRY CLUB, GOLF FACILITY AND OTHERS FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISK BY SIGNING IT AS THE PARENT/GUARDIAN OF THIS CHILD, AND SIGN VOLUNTARILY.

PARENT/GUARDIAN Name: _____

Signature: _____ Date: _____

Please make sure that this form is signed by Parent/Guardian – not a Grandparent.