

# EAGLE SPRINGS GOLF RESORT'S JUNIOR CAMP / LEAGUE INFORMATION

## Mark Appropriate Box

Camp Only (\$65)

Camp + 6 Rounds (\$110)

Membership and League (\$175)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
LAST FIRST

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAY TIME #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DAY TIME #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

THE FOLLOWING PERSON MAY BE CALLED IN THE CASE ON AN EMERGENCY WHEN PARENT(S) OR GUARDIAN CANNOT BE REACHED. THIS EMERGENCY CONTACT MUST HAVE PERMISSION TO ASSUME THE RESPONSIBILITIES OF THE PARENT/GUARDIAN.

ALTERNATE CONTACT: \_\_\_\_\_ DAY TIME # \_\_\_\_\_

### MEDICAL INFORMATION:

PREFERRED HOSPITAL: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE: \_\_\_\_\_

**EMERGENCY RELEASE:** IN THE CASE OF AN EMERGENCY I GIVE MY CONSENT TO THE STAFF AT EAGLE SPRINGS GOLF RESORT TO TAKE NECESSARY ACTION IN THE EVENT OF AN EMERGENCY INCIDENT INVOLVING MY CHILD. IN ADDITION, THE EMERGENCY CONTACT MAY BE CALLED IF THE PARENT/GUARDIAN IS UNAVAILABLE.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_