



# 2011 VAIL GOLF CLUB JUNIOR GOLF CAMP REGISTRATION FORM

## FIRST TEE JUNIOR GOLF PROGRAM



I HAVE INCLUDED PAYMENT TO ENROLL MY CHILD IN THE FOLLOWING PROGRAMS. I UNDERSTAND SPACE IS LIMITED.

**\*\*MUST BE 6 YEARS - 17 YEARS OLD FOR GOLF PROGRAM - FEE \$85 PER CHILD, PER SESSION**

- CHECK ONE:  **SESSION 1** (TUES-WED-THUR: JUNE 21 - JUNE 23) 10AM-12PM BEGINNER LEVEL (PAR LEVEL)
- SESSION 2** (TUES-WED-THUR: JUNE 28 - JUNE 30) 10AM-12PM INTERMEDIATE LEVEL (BIRDIE LEVEL)
- SESSION 3** (TUES-WED-THUR: JULY 5 - JULY 7) 10AM-12PM BEGINNER LEVEL (PAR LEVEL)
- SESSION 4** (TUES-WED-THUR: JULY 19 - JULY 21) 10AM-12PM INTERMEDIATE LEVEL (BIRDIE LEVEL)
- SESSION 5** (TUES-WED-THUR: AUGUST 2 - 4) 10AM-12PM BEGINNER LEVEL (PAR LEVEL)

**PAYMENT:** CASH, CHECK, VISA/MC, DISCOVER OR AMERICAN EXPRESS ACCEPTED: \$85 PER CHILD PER SESSION

CARDHOLDER \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*TO SIGN UP FOR THE FIRST TEE OF EAGLE COUNTY MONDAY PAR VAIL LOCAL'S PROGRAM , VAIL TEAM , BIRDIE PLAY DAY'S & GIRL'S NIGHT OUT PROGRAM  
EMAIL DREW FOURNIER- [DREW@THEYOUTHFOUNDATION.ORG](mailto:DREW@THEYOUTHFOUNDATION.ORG) OR CALL DREW AT THE YOUTH FOUNDATION AT 970-763-7004. PROGRAM BEGINS JUNE 13, 2011.

**THE FIRST TEE OF EAGLE COUNTY IS A DIVISION OF THE YOUTH FOUNDATION. IT BEGAN OPERATION AS A RECOGNIZED CHAPTER OF THE FIRST TEE NETWORK IN 2005. THE YOUTH FOUNDATION AND THE FIRST TEE OF EAGLE COUNTY CONDUCT A WIDE RANGE OF PROGRAMS THROUGHOUT EAGLE COUNTY DURING THE SUMMER MONTHS. AS PART OF THE FIRST TEE NETWORK VAIL GOLF CLUB WILL HOST A SERIES OF GOLF CAMPS UNDER THE AUSPICES OF THE FIRST TEE OF EAGLE COUNTY IN ORDER TO BEST SERVE JUNIORS VACATIONING AND RESIDING IN VAIL AND ITS SURROUNDING AREA.**

CHILD'S NAME \_\_\_\_\_  M  F DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHYSICAL RESIDENCE ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_

WORK SCHEDULE/HRS \_\_\_\_\_

EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ (PHONE) \_\_\_\_\_

WORK SCHEDULE/HRS \_\_\_\_\_

EMAIL \_\_\_\_\_

LOCAL LODGING OR CONTACT: \_\_\_\_\_ RM #: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONS IN ADDITION TO MOTHER & FATHER TO WHOM THE CHILD MAY BE RELEASED: (PICTURE ID REQUESTED IF PERSON IS UNKNOWN TO STAFF)

➤ PLEASE INFORM CAMP DIRECTOR OF CUSTODY ISSUES ➤ PLEASE NOTIFY CAMP IN WRITING IF SOMEONE NOT NOTED HERE WILL PICK UP YOUR CHILD

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

PERSON OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED IN AN EMERGENCY SITUATION WHEN PARENTS ARE NOT AVAILABLE:

\_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**MEDICAL & SOCIAL INFORMATION:** Medications \_\_\_\_\_ Allergies \_\_\_\_\_

➤ Please discuss administration of ANY medicine with Camp Director per State requirements

Concerns, special challenges, likes, dislikes: \_\_\_\_\_

Instructions for staff related to above: \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

◆ In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by a Vail Golf Club employee in their personal vehicle?  Yes  No Hospital preferred for treatment:

◆ \_\_\_\_\_

**Agreement to Waive Legal Rights** In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and physically able to participate in said activity. I agree to waive and release Vail Recreation District and/or the Town of Vail and/or the Vail Golf Club and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Vail Golf Club and Recreation District and/or the Town of Vail. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PLEASE READ AND INITIAL NEXT TO THE FOLLOWING ITEMS**

I have read the program's complete Policies and Procedures. I understand and agree to abide by these regulations. \_\_\_\_\_

If I need to change my reservation:

I will provide at least one-week notice of each change requested which will be processed (space allowing) at no charge. \_\_\_\_\_

I will provide at least 48 hours notice of any reservation I must **cancel**. If VRD Vail Golf Camp is able to fill my child's reserved space, I will receive a refund of the daily fee, less a \$5 processing charge. \_\_\_\_\_

If my child arrives to camp after 10am, I understand that his/her space may be forfeited and sold to another participant. \_\_\_\_\_

I understand that program start and end times are firm. Pick up is at 12:05 pm (All Golf Camp Sessions) arrive late to pick up my child, I will be charged **\$5 for each 15 minute period** past the program's end time, starting at one minute past the end time. This fee is due immediately to the staff member who remains with my child. \_\_\_\_\_

I authorize Vail Golf Club staff to charge the credit card provided on the front of this form for initial payment and for future payments when they verbally inform me that I owe for services. \_\_\_\_\_

My child may may not Walk Bike Take the bus to \_\_\_\_\_ at the end of the day. \_\_\_\_\_

I agree not to send my child to Vail Golf Club programs if he/she is showing signs of illness or communicable disease. \_\_\_\_\_

I have notified Vail Golf Club staff of any concerns or special challenges my child may have, (including medication or learning needs), while attending the program and have listed any special instructions. \_\_\_\_\_

**First Tee Camp participants:**

I give do not give permission for my child, \_\_\_\_\_, to sign him/herself in when arriving. \_\_\_\_\_

I give do not give permission for my child, \_\_\_\_\_, to sign him/herself out at the end of the day. \_\_\_\_\_

*By signing this, I agree to the terms and conditions set forth above:*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For complete information, including policies, procedures, fees, and daily operations, visit  
[www.vailgolfclub.net](http://www.vailgolfclub.net)**

----- Office Use Only -----

VERIFY RESIDENCY: VRD VAIL VISITOR NR ID USED: VRD PROPERTY SCHOOL ID OTHER \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

AMT. RECEIVED \$ \_\_\_\_\_ DATE \_\_\_\_\_ CASH CHECK # \_\_\_\_\_ CHARGE PROCESSED \_\_\_\_\_ CONFIRM SENT \_\_\_\_\_

**MAIL: The First Tee Junior Program ♦ Vail Golf Club ♦ 1778 Vail Valley Dr ♦ Vail, CO 81657  
PHONE: Main/Year Round: (970) 479-2260 ♦  
FAX: (970) 479-2355 ♦EMAIL: [aplain@vailrec.com](mailto:aplain@vailrec.com)**