



2010 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 22 - JUNE 24) 10AM-12PM BEGINNER LEVEL (PAR LEVEL)
- SESSION 2** (TUES-WED-THUR: JUNE 29, 30 - JULY 1) 10AM-12PM INTERMEDIATE LEVEL (BIRDIE LEVEL)
- SESSION 3** (TUES-WED-THUR: JULY 6 - JULY 8) 10AM-12PM BEGINNER LEVEL (PAR LEVEL)
- SESSION 4** (TUES-WED-THUR: JULY 20 - JULY 22) 10AM-12PM INTERMEDIATE LEVEL (BIRDIE LEVEL)
- SESSION 5** (TUES-WED-THUR: AUGUST 3 - 5) 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 DAVE KOLQUIST~ DKOLQUIST@THEYOUTHFOUNDATION.ORG OR CALL DAVE AT THE YOUTH FOUNDATION AT 970-763-7004. JUNE 14, 2010.

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 _____

FATHER'S NAME _____

PHONE (H) _____ (C) _____

PHONE (H) _____ (C) _____

EMPLOYER _____ (PHONE) _____

EMPLOYER _____ (PHONE) _____

WORK SCHEDULE/HRS _____

WORK SCHEDULE/HRS _____

EMAIL _____

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:

◆ _____

