

CHIPPERS CAMP SUMMER 2024 REGISTRATION FORM

(Please complete one form per child)

Child's Name: _____ Nickname: _____

Mother's Name: _____ Mother's Phone: _____

Father's Name: _____ Father's Phone: _____

Parent's Email: _____

Address: _____

Emergency Contact: _____ Phone: _____

Child's Sex: Male Female Child's Age: _____ Left Right – Handed

My child will bring his/her own clubs My child will use camp supplied golf clubs

Skill Level: Beginner Intermediate Advanced

Average score: (9 Holes) _____ (18 Holes) _____

Camp T-Shirt Size: YS YM YL AS AM AL AXL

Sign my child up for: Half Day Camp (9am-12pm) Full Day Camp (9am-3pm)

BEGINNER & INTERMEDIATE CHIPPERS CAMPS (Ages 7 – 12)

June 10 – 14, 2024

June 17 – 21, 2024

Each camp costs \$295.00 per child, per week for full day camp (9am to 3pm) and \$195.00 per child, per week for half day camp (9am to 12pm). To hold your child's spot at camp a \$100.00 non-refundable deposit per child, per week is required. Balance due on the first day of camp. Maximum of 8 kids per camp; **minimum of 4 kids per camp or camp will not be available that week.** To find out if camps are full, call Charlene at (910) 603-8700 or check her website at www.golflessonsnc.com.

Payment can be made via check, cash, and VENMO. Payment can be made with PayPal via Charlene's website. Make checks payable to Charlene Hirst. Mail registration forms and payments to: Charlene Hirst, 350 Diamondhead DR S, Pinehurst, NC 28374.

Refund policy: Due to administrative costs, refunds will not be given unless there is written notification to Charlene Hirst at least 30 days prior to camp. The deposit however, is not refundable.

How did you hear about CHIPPERS CAMPS?

Pilot Ad Pilot Online Sandhills Kids Friend Other, please explain _____

CHIPPERS CAMPS WAIVER FORM

(Please complete one form per child)

Child's Name: _____ D.O.B.: _____

Known Allergies/Medical Conditions/Medications (if any):

I understand that there are certain risks of injury inherent in the practice and play of golf and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in CHIPPERS CAMPS and that my child is healthy and has no physical or mental disabilities that would restrict full participation in all activities, except as listed above.

CHIPPERS CAMPS accepts no liability for injury to the student however caused; although CHIPPERS CAMPS will take all necessary steps that are reasonable to ensure the students safety while under CHIPPERS CAMPS immediate control. I authorize CHIPPERS CAMPS staff to select and secure medical attention if it becomes necessary for my child as a result of injuries requiring emergency care. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred during CHIPPERS CAMPS.

CHIPPERS CAMPS accepts no responsibility for any loss or damage to the personal belongings/equipment of any student.

CHIPPERS CAMPS is authorized to use media of my child taken during CHIPPERS CAMPS for camp promotion and advertising purposes only.

I hereby certify that I _____ am parent / guardian of the above named student and that no other authority or consent is required for him/her to participate in the camp.

**** If any student proves disruptive or fails to adhere to CHIPPERS CAMPS safety rules, CHIPPERS CAMPS reserve the right to remove the child from participating in the camp without refunds****

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date Signed: _____