

Elevation Junior Golf Academy

After School Golf Camp – Spring Sessions

Need a fun activity for afternoons? Wednesdays at Pradera and Thursdays at Pinery will give participants a wide variety of instruction, practice, and course exposure. Not only do we develop one's golf ability through coaching of the full swing, short game, and putting, but we work on the enhancement of life skills.

Spring Sessions: Wednesday, March 24th - Thursday, May 27th 2021

Wednesdays- Pradera / Thursdays- Pinery / 4:30-6:00PM

Week 1	(March 24, 25)	Week 6	(April 28, 29)
Week 2	(March 31, April 1)	Week 7	(May 5, 6)
Week 3	(April 7, 8)	Week 8	(May 12, 13)
Week 4	(April 14, 15)	Week 9	(May 19, 20)
Week 5	(April 21, 22)	Week 10	(May 26, 27)

Ages 6-15

Daily- Golf Members- \$25.00 Sport/Tennis/Social Members- \$35.00

To register please call the Pinery Golf Shop at (303)841-2850, The Pradera Golf Shop at (303)607-5680 or email Jason Witczak at jwitczak@theclubatpradera.com.



After School Golf Camp – Spring Sessions

Please Type or Print and Use Black/Blue Ink Only

Age: as of June 1

Gender

Participant 1. _____

Participant 2. _____

Participant 3. _____

Check Appropriate Box(es) And Circle Days Attending (W, Th)

*Please register no later than Thursday at 5:00pm prior to the week you will be attending.

	Participant 1	Participant 2	Participant 3
Week 1 (March 24,25)	W, Th	W, Th	W, Th
Week 2 (March 31, April 1)	W, Th	W, Th	W, Th
Week 3 (April 7,8)	W, Th	W, Th	W, Th
Week 4 (April 14,15)	W, Th	W, Th	W, Th
Week 5 (April 21,22)	W, Th	W, Th	W, Th
Week 6 (April 28,29)	W, Th	W, Th	W, Th
Week 7 (May 5,6)	W, Th	W, Th	W, Th
Week 8 (May 12,13)	W, Th	W, Th	W, Th
Week 9 (May 19,20)	W, Th	W, Th	W, Th
Week 10 (May 26,27)	W, Th	W, Th	W, Th

Payment Options Amount due _____

Member account number:	Check number:
Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Exp. Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CCV # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Billing Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Authorized signature _____ Print name _____

*Payment method will be charged upon conclusion of each week of participation.
 (Cash will NOT be accepted.)

Contact Information

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Name

Name

Email Address

Email Address

Home Phone

Home Phone

Business Phone

Business Phone

Cell Phone

Cell Phone

Child lives with: Parent/Guardian 1 Parent/Guardian 2 Both Other

Golf member YES NO If no, are you interested in Membership YES NO

Have You Attended Pinery/Pradera camp in the past? YES NO

How did you hear about Elevation Junior Golf Academy? Members Website
 Banner/Posters Brochure Facebook Mailing Other _____

Elevation Junior Golf Academy Activity Registration

Participant 1. _____

Participant 2. _____

Participant 3. _____

Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian _____ Phone Numbers (_____) _____

Emergency Contact _____ Relationship _____

Phone (_____) _____ Activity/Program _____

Activity is provided as a convenience to Parent/Legal Guardian. Parent/Legal Guardian agrees to read and cooperate with any and all rules and policies of the Activity, and understands that all disciplinary rules will be enforced at the discretion of the Activity Staff.

Emergency/Medical Treatment

Participant 1. _____

Allergies _____

Medications _____

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs

Participant 2. _____

Allergies _____

Medications _____

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs

Participant 3. _____

Allergies _____

Medications _____

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs

Family Physician _____ Phone Numbers (_____) _____

Insurance Company _____ Phone Numbers (_____) _____

Group/Policy No _____

Names of people to whom the Participant may be released:

_____ Relationship _____ Phone Numbers (_____) _____

_____ Relationship _____ Phone Numbers (_____) _____

_____ Relationship _____ Phone Numbers (_____) _____

Completed by _____ Date _____

Signature of Parent/Legal Guardian _____

Registration Policy

(Must Be Signed To Confirm Registration)

Payment: Payments are due Thursday before week starts. Any registration requests after Thursday for the following week will be based on availability. To ensure your child's spot please pay by June 1st.

Refund Policy: Participants will be billed on daily attendance. If your child(ren) is/are unable to attend any day in which they are signed up for, please notify Jason Witczak at jwiczak@theclubatpradera.com as soon as it is known your child(ren) will not be in attendance.

I have read the registration policy of Elevation Junior Golf Academy. I further agree to allow my child to be used in any camp promotional material (newsletter, brochure, video, website, etc.)

Signed _____ Date _____

Assumption of Risk and Release Agreement

Assumption of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity, including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

Release and Indemnity: In exchange for the Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release and indemnify the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence, design of the facility and/or equipment, or from any third party, whether on or off the Club's premises and including any transportation.

I and participant expressly waive and relinquish any and all claims, rights or benefits which may exist on our behalf. **A general release does not extend to claims which the creditor (Participant) does not know or suspect to exist in Participant's favor at the time of executing the release, which if known by Participant must have materially affected Participant's settlement with the debtor (Club).**

Property Loss: All personal property brought to the activity is brought at the sole risk of the participant as to its theft, damage, or loss.

Medical: I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate.

Photograph Permission: I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

Severability: Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

Signed _____ Date _____

Signature of Parent/Legal Guardian _____