



# YMCA Junior Golf Camp

**Open to Boys and Girls Ages 5-12**

**2008 Sessions:**

**Tuesday, June 17** - Columbia Point Golf Course, Richland

**Tuesday, July 15** - Sun Willows Golf Course, Pasco

**Tuesday, August 12** - Columbia Point Golf Course, Richland

All Sessions Run 9:00 AM - 12PM and Include Lunch and a Camp T-shirt.

**Fees per Session:**

\$30 YMCA Members

\$40 Community Members

Financial Assistance Available

**Registration:**

9AM - 5:30 PM Monday - Friday

YMCA of the Greater Tri-Cities

1234 Columbia Park Trail

Richland, WA 99352

For More Information:

509.374.1908

[www.ymcatricities.org](http://www.ymcatricities.org)

Camps are limited to first 30 registrations. Minimum 10 to hold camp.



All camps taught by a course pro  
Participants will be introduced to:

- Basic Rules
- Grip
- Posture
- Full Swing
- Pitching
- Chipping
- Putting



# YMCA 2008 Junior Golf Camp Registration Form

Please check the session(s) you are registering for. (*Fees are per session*)

June 17<sup>th</sup> at Columbia Point

July 15<sup>th</sup> at Sun Willows

August 12<sup>th</sup> at Columbia Point

Child's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Grade \_\_\_\_\_ School \_\_\_\_\_

Does your child have any limitations or special medical behavioral concerns we should be aware of (medications, allergies or other)? \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Child Resides with (*please check one*)  Both Parents  Mother  Father  Other \_\_\_\_\_

Emergency Contact (*other than parent/guardian*)

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Participation/Liability Release:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

**Insurance:** It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

**Medical Treatment:** I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary. I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff. If a parent/guardian cannot reasonably be located when my child requires medical attention; I \*prefer my child to be taken to:  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_, or

Kennewick General Hospital    Lourdes Medical Center    Kadlec Medical Center

\*(the hospital utilized will be based on location at the time of emergency)

**Photograph Permission:** I give the YMCA permission to use, without limitation, compensation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs. I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form without modification.

*I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form without modification.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date