



**JUNIOR GOLF REGISTRATION FORM**

**2024 Summer Golf Camp**  
**Tuesday – Friday | 9:00 a.m. – 12:00 p.m.**  
**\$160 per child per session. Ages 6-12**

**Please check boxes for all sessions you would like your junior golfer to attend.**

- June 4 - 7   
  June 18 - 21   
  June 25 - 28  
 July 9 - 12   
  July 23 - 26

The 4-day camp welcomes children of all skill levels ages 6-13. **Summer Camps** are designed to spark an interest in new golfers and further the development of those already playing. Camps will cover golf fundamentals including posture, grip, putting, chipping, pitching, full swing and simple rules and etiquette. Participants are segmented into smaller groups based on their experience and age to create a more favorable and fun learning environment.

Golf equipment is provided however we encourage bringing your child’s own clubs if you have them, make sure each club and bag is marked with their name. **Bring: Sunscreen/sun hat, water bottle, a snack or two.**

**CHILD’S INFORMATION**

CHILD’S NAME (FIRST, LAST):		NICKNAME IF APPLICABLE:	
GRADE LEVEL:		NAME OF SCHOOL:	
DATE OF BIRTH:	AGE	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	VERIFIED BY:
DO YOU HAVE HEALTH & ACCIDENT INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF HEALTHCARE PROVIDER:		OTHER INFORMATION:

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN(s) NAME (FIRST, LAST):	RELATIONSHIP:
ADDRESS:	HOME/CELL PHONE #:
EMAIL ADDRESS:	WORK PHONE #:
THIS FORM COMPLETED BY: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN	

**EMERGENCY INFORMATION**

Name two (2) adult relatives or friends in Santa Fe to act on your behalf in an emergency in case you or your spouse cannot be reached:

NAME	RELATIONSHIP
ADDRESS	PHONE #
NAME	RELATIONSHIP
ADDRESS	PHONE #

The name and phone number of the doctor who treats your child:

NAME	PHONE #
HOSPITAL	PHONE #

Does your child currently take medication? [ ] Yes [ ] No	If yes, what?
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Does your child have a medical condition such as epilepsy, which we should be aware of? [ ] Yes [ ] No  
If yes, please describe:

Does your child have a disability which will require special accommodation? [ ] Yes [ ] No  
If yes, please describe:

Does your child have any allergies? [ ] Yes [ ] No  
If yes, please describe:

Care instructions for any conditions marked Yes:

**PERMISSION FOR EMERGENCY CARE**

I hereby authorize staff of the Youth Golf Program at the Santa Fe Country Club to take my child to the physician or hospital named above for medical treatment in the event of an emergency, if neither my spouse nor I can be reached.

<b>Signature</b>	<b>Date</b>
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In addition, I authorize any licensed physician or medical treatment center to treat my child in case of an emergency in the event that the above named physician cannot be reached.

<b>Signature</b>	<b>Date</b>
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**RELEASE OF LIABILITY**

I, or we, as the parent(s) or legal guardian(s) of \_\_\_\_\_, do hereby release, hold harmless and forever give up any claim and/or cause of action against the Santa Fe Country Club, and/or all golf instructors associated there with that may arise in the future for damage on account of bodily injury, personal injury or property damage in any manner out of participation in the programs conducted by or associated with the Santa Fe Country Club Junior Golf Program. I, or we, also understand and agree that should my child be injured while participating in this program, I cannot and will not hold the Junior Golf Program at the Santa Fe Country Club, and/or all golf instructors associated therewith liable and/or responsible, and I, or we, understand by signing this form, I, or we, have waived my/our legal right to hold the Junior Golf Program at the Santa Fe Country Club and/or all golf instructors associated therewith liable and/or responsible. I, or we, have read and understand this release and all terms thereof.

<b>Signature</b>	<b>Date</b>
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**PARENT/GUARDIAN AGREEMENT**

1. It is the responsibility of the parents to transport their child(ren) to and from the golf instruction site.
2. If anyone other than the parents will be picking up your child, we must be provided with the name of that individual.
3. The program will not be responsible for any loss or damage to personal equipment brought to the site.
4. Program will not operate on inclement weather days. A make-up day will be arranged if practical. It is the responsibility of the parents to pick up their children on those days.
5. Staff are not allowed to administer any medication to children, therefore, please arrange for your child's medication needs.
6. Photographs, video and/or general information may be published in, or used by, any of the media or mass communication (including newspapers, magazines, television, pamphlets, etc.)

**PLEASE CONTACT THE PRO SHOP IF YOUR CHILD HAS A DISABILITY ACCOMODATION OR MAY NEED A SPECIAL ARRANGEMENT.  
505-471-0601**

<b>Signature</b>	<b>Date</b>
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**MEDICAL HISTORY & EMERGENCY CONTACT FORM**

Please complete **ONE FORM PER CHILD**, use back of form if additional space is needed.

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  
 Female

Circle School Grade: K 1 2 3 4 5 6 7 Other: \_\_\_\_ Name of School Child Attends: \_\_\_\_\_

**ALLERGIES/RESTRICTIONS:**

Is your child allergic to any medications, foods, environmental or other substances? Yes  No  If yes, please list allergen and describe child's reaction when exposed and treatment required: \_\_\_\_\_

Is your child to be restricted from eating certain foods or participating in any activities? Yes  No  If yes, please list restrictions in detail: \_\_\_\_\_

**MEDICATIONS:**

Does your child currently take any medication? Yes  No  If yes, What? \_\_\_\_\_

Why? \_\_\_\_\_ When? \_\_\_\_\_ How? \_\_\_\_\_

Please Note: The MSL Staff are prohibited from administering any medications to children; this is solely the responsibility of parents. Medication sent to MSL, with a child for self-administering, must be clearly labeled and safely contained.

**BEHAVIORIAL:**

Does child have any sensory, physical and/or behavioral difficulties that you believe would be helpful for the supervising staff to know about? Yes  No  If yes, please describe: \_\_\_\_\_

**EMERGENCY CONTACTS ARE REQUIRED:**

In the event of an emergency or if we are unable to reach anyone listed below, MSL Staff will act on your behalf.

Please list yourself and others authorized to act on your behalf:

Names	Relationship	List all phone numbers in order that we should call
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		

**AUTHORIZATION FOR SIGN-OUT & PICK-UP:**

To insure the safety of your child, please list all adults, including yourself, to whom your child may be released to:

Names	Relationship to Child

Please Note: If anyone other than those listed above will be picking up your child, you must provide additional written authorization including the name of the individual and the date that this individual will be picking your child up.

**INFORMED CONSENT & AUTHORIZATION FOR EMERGENCY TREATMENT & TRANSPORTATION:**

1. I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while attending MSL.
2. I agree that upon notification of my child's injury and/or illness, I will have him/her picked up immediately.
3. In case of an emergency, or when I cannot be reached, I hereby give authorization to the MSL Staff to contact other parents, legal guardians and/or emergency contact individuals listed on this form. If no one listed on this form can be contacted, then I hereby give authorization to the MSL Staff, agents, and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child, listed above.

**Condition of Enrollment:** I have read, understand and agree to the terms & conditions listed on this Medical History and Emergency Contact Form and the City of Santa Fe's "Assumption of Risk, Waiver & Release from Liability" Form as they relate to my child. I understand it is my responsibility to provide accident and health coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

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

**PHOTO RELEASE FORM**

I, or we, as the parent(s) or legal guardian(s) of

\_\_\_\_\_

do hereby release APPROVAL for my child to be photographed for possible publicity purposes, which may be included in or for, editorial trade, print advertising and any other purposes used to market the Santa Fe Country Club Junior Golf Program

I Allow My Child Permission

I **DO NOT** Allow My Child Permission

I hereby completely release the Santa Fe Country Club and assign from all claims the liability relating to said photographs.

I, or we, have read and understand this release and all terms thereof.

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

**Date** \_\_\_\_\_

**FOR ADDITIONAL INFORMATION OR CONCERNS  
PLEASE CONTACT THE PRO SHOP AT 505-471-0601**

**Payment by Cash or Check preferred.**

**Make Checks Payable to:**

**Julio Brodsky, PGA**