



Coyote Creek Junior Camp Registration Form—2020

Returning Participant [] New Participant [] Session: _____

Name: _____ Age _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade Level: _____

Golf Experience: _____

Parent/Legal Guardian: _____

Relationship: _____ Cell Phone: _____

Email Address: _____

How did you hear about Coyote Creek Junior Golf Academy? _____

Emergency and Health Information

Allergies (Food/Medication/etc.): _____

If severe allergic reactions, does your child carry an Epi-Pen? _____

Medical Conditions/Disabilities: _____

*****If Parent/Legal Guardian cannot be reached in an emergency:

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Other Daytime Phone: _____

Medical Release

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Coyote Creek Golf Club representatives. I hereby give permission to the medical personnel selected by Coyote Creek Golf Club representatives to secure any and all medical care including dental care, surgical treatment, and/or hospitalization. In the event that such medical attention is needed from a healthcare provider, I acknowledge that all costs shall be the responsibility of the parent/legal guardian.

Parent/Legal Guardian Initials: _____

Media Release

I hereby give Coyote Creek Golf Club permission to use film, videotape, and/or photographs of the above-named minor for lawful promotional or informational purposes.

Parent/Legal Guardian Initials: _____

Some New Rules, with regard to COVID-19

We are complying with the county health requirements and new rules for group lessons at Coyote Creek GC. We want to make sure that you can be confident that your child will be in a safe and structured, as well as fun and informative environment.

- We will be using the same 6' apart minimum social distancing for discussions and for golf shot hitting areas for the entire session.
- A face mask covering the nose and mouth must be worn at all times by each student as well as the instructor.
- Students must bring their own water bottle/snack. There are no community water jugs on the premises.
- Students must use the bathroom facilities before the session starts. (No riding in a golf car to bathroom. The clubhouse is closed. The only bathroom that is available is east of the range near the snack bar.)
- The instructor will be in control of the golf balls for each student so as not to handle or share buckets and balls.
- Students advised to bring/use their own golf clubs. No sharing of clubs.
- The drop-off and pick-up site by the small buildings on the south side of the driving range will continue to be monitored by the instructor for continued safety and social distancing.
- Students must be mature enough to respect the others space and equipment and follow the rules. There can be no exceptions. If the student does not follow the rules they will not be allowed to participate.
- Students will not be able to participate if they are sick, coughing or running a temperature.

We are fortunate that golf is one of the accepted recreational activities that is currently allowed. With respect for each other, we can continue to enjoy it!

I, _____, the parent/legal guardian of the above-named minor, give approval for participation in Coyote Creek Golf Club sponsored activities. I assume all risks of injury whatsoever and agree to hold Coyote Creek Golf Club harmless from claim(s) of any nature arising from any activity, including modes of transportation, connected with the Coyote Creek Golf Club facility or program. This 'hold harmless' agreement includes but is not limited to any claim due to injury proximately resulting from actions of representatives of Coyote Creek golf Club including its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers.

_____ Date: _____
Parent/Legal Guardian Signature

Please Print Name: _____

Billing Information—Please enter your payment details below. Thank you!

Camp tuition: \$250.00, Same family sibling tuition discount: \$225.00 (circle one)

Method of Payment: Cash Check Credit Card (circle one)

Credit card type: _____ Name on Card: _____

Card Number: _____

Expiration: ____/____ Security Code (CVV): _____ Billing Zip Code: _____

Registration Form: Please email this completed registration form to Scott Peterson at speterson2202@gmail.com. To reach Scott by telephone call 701.527.2887.