



# 2011 Summer Camp Player Application

Player Name \_\_\_\_\_  
 Player Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Player Birthday \_\_\_\_\_ Age \_\_\_\_\_  
 Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**Please select the Camp Session you want:**

<b>Kidz-Golf</b>	<b>Junior Players</b>	<b>Advanced Players</b>	<b>Tournament Players</b>
June 20-23 _____	June 13-July 16 _____	June 6-9 _____	May30-June 2 _____
July 11-14 _____	June 27-30 _____	July 25-28 _____	
	July 18-21 _____		

**Fees:**

Annual Registration	\$ 15.00	_____
Kidz-Golf	185.00	_____
Junior Players	185.00	_____
Advanced Players	225.00	_____
Tournament Players	275.00	_____
Total		_____

**Mail To;**  
**Reunion Golf Academy**  
 5609 Grand Reunion Dr  
 Hoschton, Ga. 30548  
 or drop at Pro Shop

Parent's Names \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you play competitive Golf? \_\_\_\_\_  
 If so, where \_\_\_\_\_  
 If you don't play competitive golf, would you like to? \_\_\_\_\_  
 Favorite Tour Player \_\_\_\_\_

**Medical Release & Waiver**

I, for Myself and the Child, hereby release The Junior Players Club, The Reunion Country Club and The Reunion Golf Academy, its employees, directors and owners from any and all liability for any event or consequence whatsoever in any way arising out of or relating to My Child's participation in the Junior Players Club or Reunion Golf Academy activities at the Reunion Country Club. The sole and singular exception of liability arising out of willful misconduct or bad faith. In case of an emergency during Junior Players Club or Golf Academy events, I authorize a qualified Medical Physician or Emergency Personnel to take all necessary measures in the treatment of my child.

Signatures verify acceptance of this waiver.

<b>Parent's Signature</b>	<b>Date</b>	<b>Player Signature</b>	<b>Date</b>
_____	_____	_____	_____