

Langston Jr. Golf Club/Hook A Kid
Camp Application

Open to Jr. Golfers 7yrs-18yrs.in DC & Metro Area. There is no cost for camp. The program includes golf course access, junior training area, and classrooms instruction with certified volunteers.

Name (Participant)_____

Address:_____

City:_____

State: _____ Zip code:_____ Age:_____

Date of Birth:_____ Female:_____ Male:_____

School Attended:_____ Grade:_____

Parent/Guardian's Name: _____

Phone Numbers: Home_____

(W) Mother_____

(W) Father _____

Email Address:_____

Physician's Name:_____

Phone:_____

Health Insurance Co:_____

Policy No:_____

Confidential Health Information: (A parent or guardian is responsible for administering any required medication to a participant.

Participant takes Medication? If yes, give name of medicine, dosage, times; doctor's name:

Yes____No _____

Participant has allergies? If yes, list and give usual treatment needed:

Yes____ No_____

Participant has seizures? Medications for seizures? List medication(s) and give usual treatment needed:

Date of last seizure? _____

Limits on participant's physical activities or a medical condition, which may affect the participant's ability to participate? If yes, specify:

Yes__ No__

Emergency Contact: (Other than parent/guardian)

Name: _____

Phone (H) _____ (W) _____

Address: _____

City: _____ State: _ Zip Code: _____

Release /Authorization:

I hereby give permission for the applicant in the LJRC/Hook A Kid Camp Program ,and agree to release the Camp Program, its officers ,employees, and agents from all liability arising injury incurred by the participation of my child in the program stated above ,excluding gross negligence of the Camp Program .If the applicant has a known medical condition ,by execution of this Release/Authorization ,the Parent/Guardian certifies to the camp that they have received medical clearance from their family medical physician. By way of copy or original of this form, I authorize the staff of the LJRC/Hook A Kid to a medical/hospital treatment for the above participant in the event of an emergency.

_____/_____/_____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date