



**The Clubs of Prestonwood  
Summer Sports Camps  
2017**



Creek Course  
9:00am – 4:00pm

**Before Care = 8:00am**

**After Care = until 5:30**

<b>2017 Prestonwood Summer Sports Camp Sessions</b>	
<b>Session 1</b>	June 12 - 16
<b>Session 2</b>	June 26 - 30
<b>Session 3</b>	July 17 - 21
<b>Session 4</b>	July 31 - August 4
<b>Session 5</b>	August 14 - 18
<b>Camp Pricing (No Before/After Care)</b>	
<b>Member</b>	\$300
<b>Non-Member</b>	\$400
<b>Before &amp; After Care Pricing per Day</b>	
<b>Member (Before / After / Both)</b>	\$10 / \$10 / \$20
<b>Non-Member (Before / After / Both)</b>	\$20 / \$20 / \$40

*\*please visit Prestonwood Golf Academy website for daily activity/schedule information\**

[www.prestonwoodgolfacademy.com](http://www.prestonwoodgolfacademy.com)

**Camp Session Number / Dates:** \_\_\_\_\_

**Circle one (only if needed):**                      **Before Care / After Care / Both**

**Ages 5- 12**

- Sessions are held Monday - Friday at The Clubs of Prestonwood Creek Course
- Pick-up & Drop-off outside of top tennis courts
- Sessions will be divided into smaller groups based on age and ability.
- **Ages 5-12 (\*Age 5 may be accommodated if a first day of camp goes well. Age 4 and younger cannot be accommodated; our apologies for any inconvenience)**
- All classes & camps hosted through Prestonwood Golf Academy & Prestonwood Tennis Academy will focus on quality instruction by keeping the student:teacher ratio lower and enlisting educated instructors who have a passion for growing the game of golf & tennis.

**Student Information**

**Junior Name(s):** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Age(s):** \_\_\_\_\_                      **Owns Clubs (Yes/No):** \_\_\_\_\_

**Phone #:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Member #:** \_\_\_\_\_                      **OR** ↗

**CC #:** \_\_\_\_\_

**Exp:** \_\_\_\_\_                      **Sec. Code:** \_\_\_\_\_

**2017 Parent / Student / Instructor Agreement**

I, \_\_\_\_\_, and my son/daughter \_\_\_\_\_ understand and have read the previous pages together as a family. We are aware of the following requirements:

1. Be on time and attend all required practices and play days. If an absence or late arrival can't be avoided, we will call or email Chaz Edwards (214-498-4030 or chaz.edwards@clubcorp.com) as soon as possible.
2. We understand the given member account or credit card will be charged on the first day of the current Camp Session.
3. Participants will be dressed in appropriate golf attire (golf shirt/collared shirt, khakis/shorts or pants, and sneakers or golf shoes. NO DENIM)
4. Participants will respect all peers, competitors, other Prestonwood members, coaches, the golf & tennis facility, and equipment given to the student by the Junior Golf Academy & Junior Tennis Academy.
5. Participants will not hinder themselves, other students or the coach from providing a safe and fun learning environment.

I understand that my son/daughter can be suspended or terminated for violating any rules set by the coach, the Junior Golf Academy, Junior Tennis Academy Prestonwood Country Club, and/or Club Corp.

\_\_\_\_\_  
Parent / Guardian (printed)

\_\_\_\_\_  
Student (printed)

\_\_\_\_\_  
Parent / Guardian (signature)

\_\_\_\_\_  
Student (signature)

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**Prestonwood Country Club, Inc. ("Club")**

**ACTIVITY REGISTRATION - MINOR**

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Activity: Prestonwood Summer Sports Camp to include all Summer golf and tennis activities/camps at the Club during 2017.**

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**

**Assumption of Risk:** As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

**Release and Indemnity:** In exchange for the Club allowing Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, discharge, waive, relinquish, covenant not to sue, indemnify and hold harmless from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorneys' fees and costs, the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests ("Released Parties") from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence or willful misconduct of any third party, design of the facility and/or equipment, whether arising either directly or indirectly out of participating in an event or activities or from any third party, whether on or off the Club's premises and including any transportation. It is the intention of the parties hereto that I will indemnify and protect the Club and Released Parties from the consequences of acts or omission of the Club and Released Parties or any third party (including others who may be participating in the Event), who may have a claim or cause of action against the Club and Released Parties that arose by, through, or under Participant, in whole or in part.

**Property Loss:** All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage, or loss or injury to any other third party.

**Medical:** I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses due to health, accident, or failure to conform to rules and guidelines established by the Club and the person in charge of the Activity. I further agree to release and hold harmless the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests, whether associated with the Activity or not, arising from and extending to any and all liability arising out of or in any way connected with such provision of medical or surgical treatment or transportation provided in the event of an emergency.

**Photograph Permission:** I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

**Severability:** Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

EMERGENCY/MEDICAL TREATMENT

Full name of Participant: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

*Please check below IF your child has allergies or sensitivity to:*

Bee Sting \_\_\_\_ Nuts \_\_\_\_ Dairy \_\_\_\_ Latex \_\_\_\_ Other

List Required Medications and Dose Amounts: \_\_\_\_\_

\_\_\_\_\_

*Please check below IF your child has:*

Asthma \_\_\_\_ Diabetes \_\_\_\_ Seizure Disorder \_\_\_\_ Heart Condition \_\_\_\_

Other Medical Condition \_\_\_\_\_

List Required Medications and Dose Amounts: \_\_\_\_\_

\_\_\_\_\_

Other Medications: \_\_\_\_\_

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Group/Policy No: \_\_\_\_\_

Names of people to whom the Participant may be released.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my permission to have my child taken to the physician, dentist, or hospital for medical treatment if an accident or serious illness occurs.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_