



Summer Golf Camp Certification of Health

Child's Name: _____

This is to certify that my child is currently free of any contagious diseases and I consider it safe for this child to attend the golf school.

PHYSICAL ACTIVITIES:

_____ Can participate in all activities.

_____ Limit activity to _____

_____ Cannot participate in _____

Physician's Name: _____

Physician's Telephone Number: _____

FOOD ALLERGIES:

Please list: _____

WAIVER:

It is agreed that The Club at Pointe West reserves the right to sever its association with a student if deemed for the best interest of all concerned and that there will be no refund of tuition for a late start or early departure from a session. It is also understood that the \$50.00 per child deposit, which accompanies the enrollment, is non-refundable.

In consideration of the Club allowing my child's participation, I for myself and my child, release The Club at Pointe West, its partners and affiliates, and their respective officers, directors, agents and employees from, and waive all, claims, damages and liabilities whatsoever from property damage or loss, personal injury or death arising from, or in conjunction with, my child's participation in The Club at Pointe West Summer Golf Camp.

PARENT SIGNATURE

PRINT NAME

DATE