## Wells College Golf Camp Registration Form 2024

Camper's Name:
Age: Gender: Grade level Fall '24:
Camper's email address:Camper's phone:
Camper's Address:
arent/Guardian's Name:
arent/Guardian's Email Address: Guardian's Phone:
arent/Guardian's Address:
mergency Phone Number(s):
hysician: Phone:
lease list any special conditions that Wells College Golf Camp should be aware of:
Camper will use personal golf clubs
Camper will need to rent clubs from WCGC. Circle which hand. Right / Left
lease check one:
Session 1: Monday – Thursday: July 8-11, 2024
Session 2: Monday – Thursday: July 15-18, 2024
ll campers must bring a lunch or they can purchase one at the clubhouse each day.
have reviewed the camp information on the flyer and allow my child to participate in all activities. I also allow th taff at Wells College Golf Camp to make emergency medical decisions if I can't be reached in sufficient time and uthorize the staff of Wells College Golf Camp to contact the above Physician and, if necessary, to transport my hild to the appropriate medical facility.
hereby release and hold harmless: Wells College, Wells College Golf Club, Aurora Golf, LLC,  Dennis Johnson, and ny other camp staff from any personal liability about my child's well-being, as well as all claims for injury, loss, amage, accident or expense arising from or out of participating at Wells College Golf Camp.
recognize that the Wells College Golf Club has the right to dismiss my child from the camp if that camper emonstrates continued inappropriate behavior.
uardian's Signature

Payment: Enclosed is a non-refundable payment of \$180.00 per session. Checks should be made payable to Dennis Johnson and can be mailed to Wells College Golf Camp, c/o Dennis Johnson, 2569 Cook Road, Scipio Center, NY 13147.Questions? Please contact Dennis Johnson at #518-929-1963 or djj717@yahoo.com.