

**HILLS OF COVE JUNIOR GOLF ACADEMY
REGISTRATION FORM**

Camp Session: _____Session #1 _____Session #2

Child's Name _____ Age _____ Male / Female

(Circle one) Public City Employee

Cash Amount _____ Check Amount _____ Payable To: Darrell Eshelman

Father's Name _____
Place of Business _____ Phone # _____

Mother's Name _____
Place of Business _____ Phone # _____

Home Address _____ Phone # _____

Please provide two individuals to be called in case of emergency, if parents cannot be reached:
Name _____ Phone # _____
Name _____ Phone # _____

Name of physician to be called in case of emergency:
Name _____ Phone # _____

Name of people you authorize child to be released to:

Does your child have any medical / physical limitations?
If so please describe _____

Does your child have any food or medical allergies?
If so please describe _____
