



**JUDY DICKINSON  
JR. GOLF CAMP AT  
WEST PALM BEACH GOLF COURSE  
FUN! FUN! FUN!**

**2011 CAMP DATES ARE AS FOLLOWS:**

JUNE 8-9-10      JUNE 14-15-16      JUNE 21-22-23      JUNE 28-29-30  
JULY 5-6-7      JULY 12-13-14      JULY 19-20-21      JULY 26-27-28      AUGUST 2-3-4

**CIRCLE YOUR SESSION CHOICE(S) PRE-REGISTER EARLY FOR A FREE HAT !!**

*Camp Days and Hours:*

**Three Day Camp– Tuesday, Wednesday, Thursday  
9:30 AM– 12:30 PM**

**\*\*ONE Day Camp Attendance —\$45 per day\*\***

**\$125**

SKILLS INCLUDE LONG/SHORT GAME,  
WOODS, IRONS, CHIPPING, FAIRWAYS,  
PUTTING, SAND & COURSE ETIQUETTE  
INCLUDES

**LUNCH, DRINKS, SNACKS, BALLS**

**YES -BRING HAT/VISOR, SHORTS, T-SHIRT (NO TANK-TOPS), SUN SCREEN, FLAT-SOLED SHOES OR GOLF SHOES (SOFT SPIKES), WATER BOTTLE**

**BRING CLUBS OR WE WILL PROVIDE.**

**\*\* For an Additional \$25 you may purchase a summer Junior Golf Club Membership for play Delray Beach, Lakeview, West Palm Beach and Southwind Golf Courses.**

**\*\*Parents pay a cart fee during the summer with a junior after 12:30.**

**PLEASE PRINT LEGIBLY**

PARENT'S NAME : \_\_\_\_\_

Ages 6-17

CHILD NAME: \_\_\_\_\_ CIRCLE:    **BOY**    **GIRL**    AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: (    ) \_\_\_\_\_ CELL: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Make Checks Payable to : JUDY DICKINSON     CASH     CHECK \_\_\_\_\_

**JUDY DICKINSON; JUNIOR GOLF CAMP, WEST PALM BEACH GC, 7001 PARKER AVE, WPB, FL 33405    Email: BARSPECER@AOL.COM    Office number: 561-822-1599    CELL: 561-818-3656**

# Medical Waiver Release

Parent/Guardian: First \_\_\_\_\_ Last \_\_\_\_\_

Address (if different than child's on front of form)

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

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

Person to contact in case of emergency if Parent/Guardian can't be reached:

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

Relationship: \_\_\_\_\_

In case of serious accident or sudden illness, if parent or guardian can't reached, do you give camp supervisor permission to order medical treatment or to have the child transported to a nearby hospital? Yes \_\_\_\_ No \_\_\_\_

If yes, what hospital? \_\_\_\_\_

Please list any medical problems, allergies, or instructions that you feel your supervisors should be aware of:

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**The golf club staff will not be allowed to dispense any medication of any kind**

Name of person (s) other than person signing below that will pick up your child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Release Waiver

The undersigned, intending to be legally bound, do hereby for my child/children waive and release any and all rights