



DIAMOND OAKS
GOLF COURSE

3-Day Camp Registration Form

Child's Name: _____

Birth Date: _____ Age: ____ M/F: _____

School Grade: _____

(Circle One)

SPRING 3-DAY CAMP

(Event ID# 1682)

April 1-3, 2015 2:00-5:00 pm

SUMMER 3-DAY CAMP

(Event ID# 1683)

July 15-17, 2015 2:00-5:00 pm

HOLIDAY 3-DAY CAMP

(Event ID# 1684)

December 21-23, 2015 2:00-5:00 pm

December 28-30, 2015 2:00-5:00 pm

Parent/Guardian

Name: _____

Address: _____

City: _____ Zip: _____

Phone (h): _____

Phone (w): _____

Phone (c): _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Payment Method

Check Cash CC

Total Amount Paid: _____

Release

I hereby authorize any of The First Tee of Greater Sacramento (TFTGS) staff member or golf facility staff member to act for me according to their best judgment in an emergency requiring medical attention and hereby waive and release the staff from any and all liability for any injuries and illness incurred. I assumed all risks of injury whatsoever and agree to hold harmless TFTGS facilities and programs from claim(s) of any nature arising from activity, including transportation connected with TFTGS. I consent to the communication of information regarding my child's participation with TFTGS via the internet. I hereby give TFTGS and participating agencies permission to use file, videotape, and/or photography for lawful promotional purposes. For safety reasons, discipline will be strict and violations of discipline could involve a call to a parent or guardian for arrangement for your junior to return home.

Parent/Guardian Signature

Kevin Estrella, Director of Instruction

kevin@kevinestrellagolf.com

Dale Smith, Teaching Professional

dpsmith14@yahoo.com 916-838-1302

Fran Cones, Teaching Professional

fran@golfgal.us 570-468-3506

DIAMOND OAKS GOLF COURSE

916-771-4653



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