



**2025 Junior GOLFF League  
SPRING SEASON April 30 through June 7  
Ages 10 to 13**

**Camper Information:**

|                                     |      |
|-------------------------------------|------|
| Name:                               | Age: |
| Allergies/Needs/Special Conditions: |      |

*Please complete separate forms when registering multiple students.*

**Parent/Guardian Information**

*Please provide two (2) emergency contacts.*

|                  |
|------------------|
| Parent/Guardian: |
| Phone:           |
| Email:           |

|                  |
|------------------|
| Parent/Guardian: |
| Phone:           |
| Email:           |

**Season Schedule:**

**Practices (Wednesdays 5:30pm to 8:00pm)**

- April 30
- May 7
- May 14
- May 21
- May 28
- June 4

**Match Days (Saturdays 4pm to 7pm)**

- May 10
- May 24
- June 7

**Important Information:**

Practices: Juniors will have an opportunity to develop skills on the practice facility and on-course with guided instruction from our coaches.

Match Days: Juniors test skills through light competition in a fun, relaxed atmosphere, and advance levels earning colored hats similar to martial arts programming.

Junior golfers should prepare for rain and hot weather. We encourage all golfers to remember bug spray, sunscreen, towel, umbrella, additional water and/or snacks. Parents may observe from a designated area as long as it does not hinder the practices or matches.

**SPRING SEASON FEE: \$289 per camper. Checks payable to Tunxis Country Club**

Tunxis Employee, initial when PAID: \_\_\_\_\_ Amount: \_\_\_\_\_



**MEDICAL INFORMATION and SPECIAL CONSIDERATIONS**

|                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Camper Name:                                                                                                                                             |  |
| Camper Date of Birth (MM/DD/YY)                                                                                                                          |  |
| Insurance Company:                                                                                                                                       |  |
| Policy/Group Number:                                                                                                                                     |  |
| Participant ID Number:                                                                                                                                   |  |
| Primary Care Physician:                                                                                                                                  |  |
| Physician Contact Number:                                                                                                                                |  |
| How/when do you prefer to be notified of minor injuries that do not limit participation (ex. Scrapes, non-allergic bee sting, bloody nose, slivers, etc) |  |

*Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.*

No specific medical or behavioral condition \_\_\_\_\_

Food allergies – please specify:

---

---

Non-food allergies –please specify:

---

---

Please specify any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at camp:

---

---

List triggers, signs or symptoms for the conditions indicated above:

---

---

What techniques do you recommend in managing your child's behavior:

---

---

*Parents/Guardians must supply any necessary medical equipment that relates to a specific medical condition.*



**Junior Golf Waiver & Releases**

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

Tunxis Country Club is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. There is inherent risk of injury when choosing to participate. Tunxis Country Club strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. **Repeated disregard and/or violation of safety rules and procedures will result in expulsion from camp activities.**

Each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make Tunxis Country Club automatically responsible for the payment of medical expenses.

**Release of Liability & Permission to Secure Treatment**

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against Tunxis Country Club and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge Tunxis Country Club and its officers, agents, volunteers, and employees from any and all claims from injury, damage, or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend Tunxis Country Club and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize Tunxis Country Club to secure from any and all licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

**Photography Release**

I give permission for my child's picture to be used in print and digital advertisements for Tunxis Country.

I do not give permission for my child's picture to be used in print and digital advertisements for Tunxis Country Club.

My name and signature below indicate I have read and fully understand the above Release of Liability, Permission to Secure Treatment and Photography Release.

|                       |  |
|-----------------------|--|
| Parent/Guardian Name: |  |
| Signature:            |  |
| Date:                 |  |