



TSAWWASSEN SPRINGS

HOMES | GOLF | EVENTS | RESTAURANT & BAR

SUMMER GOLF CAMPS 2022

Child's Name

Email Address

Address

Phone Number

Age

Allergies

Dates - Camps run from 1pm to 4pm

July 11 -15

July 18-22

Aug 15-19

Aug 29-Sept 2

Emergency Contact :

Name

Phone Number

Relationship

Payment Details:

Name on card

Card Number

Expiry Date
MM/YY

CVV

Total to be charged on card \$299 plus 5% gst = \$313.95

Signature

Parents/Guardians who will be dropping off or picking up my child:

Name

Phone Number

Name

Phone Number

(Your child will not be permitted to leave with a non-registered adult without prior permission by the registered parent and a valid photo ID.)

Tsawwassen Springs Kids Summer Golf Camp Permission/Waiver Slip

I/We give permission for to participate in the Youth Golf Spring Camp Program at Tsawwassen Springs, I recognize that part of the activities in the Kids Camp may include exercise and that all forms of exercise, exercise programs and sport activities have risks, loss or injury. More specifically, I acknowledge and accept responsibility for loss or injury (including death) that may arise out of, but not limited to, participation in the Kids Golf Spring Camp Program at Tsawwassen Springs. I further acknowledge the existence of and the need for certain rules and procedures for participation in the kids Golf Spring Camp Program and concerning the use of the equipment and facilities. I agree to have my son, daughter or grandchild abide by those rules and procedures. Having read the foregoing, I acknowledge my understanding of those risks set forth above and knowingly agree to release and hold harmless Tsawwassen Springs, its agents and employees, from all liability or claims for loss or injury arising from, but not limited to, participation in the Kids Golf Spring Camp Program at Tsawwassen Springs. In case of injury or an emergency, while my child is participating in the Kids Golf Springs Camp Program, not accompanied by me, I hereby authorize The Tsawwassen Springs Staff to seek any medical attention for my child/grandchild that they deem appropriate.

Please initial to give TSGC permission to use pictures of your child taken at camp

Parent/Guardian Signature

Date