

SPRING GOLF CAMPS 2023

Child's Name		Email Address	
Address			
Phone Number	Age	Allergies	
Dates - Camps run from 1pm to 4pm			
Mar 13-17 Mar 20-24			
Emergency Contact :			
Name		Phone Number	
Relationship			
Payment Details:			
Name on card			
Card Number			
Expiry Date	CVV	<i>'</i>	
MM/YY Total to be charged on card \$299 plo	us 5% gst = \$31	3.95 Signature	
Parents/Guardians who will be dropp			
Name		Phone Number	
Name	1	Phone Number	
(Your child will not be permitted to learned registered parent and a valid photo ID		egistered adult without prior	permission by the

I/We give permission for	to participate in the Youth Golf Spring Camp Program
	part of the activities in the Kids Camp may include exercise and
	ms and sport activities have risks, loss or injury. More
,	sponsibility for loss or injury (including death) that may arise out
	Kids Golf Spring Camp Program at Tsawwassen Springs. I further
	ed for certain rules and procedures for participation in the kids
_	g the use of the equipment and facilities. I agree to have my son
	es and procedures. Having read the foregoing, I acknowledge
	above and knowingly agree to release and hold harmless
	oyees, from all liability or claims for loss or injury arising from,
	s Golf Spring Camp Program at Tsawwassen Springs. In case of
	participating in the Kids Golf Springs Camp Program, not
	he Tsawwassen Springs Staff to seek any medical attention for
my child/grandchild that they deem appro	opriate.
Disease initial to solve TCCC manufactor to	
Please initial to give TSGC permission to u	ise pictures of your child taken at camp
Daniel / Carandian Ciana tama	
Parent/Guardian Signature	
Date	