

Ruth Park Jr. Golf Camp

Select camp

Spring / Summer

(circle one)

Jr. Golfer's name: _____ Age: _____ (during camp)

Address: _____

Phone: _____

Parent or Guardian Name: _____

Work or emergency phone: _____

Email: _____

Participant's golfing background:

Does Jr. Golfer have equipment: yes / no (please circle)

Please make checks payable to: City of University City

Mail to: Ruth Park Golf Course; Attn: Jr. Golf Camp; 8211 Groby Road; University City, MO 63132

By signing below, we acknowledge that we have read and understand all terms herein.

Ruth Park Golf Course, the City of University City, members, directors and agents are to be held harmless from all liability claims and or other forms of legal actions, including costs arising there from, against any incident which may result in or arise out of any loss personal or property (including death), which may be sustained by the junior indicated in this application, their family members during travel to or from participation in, any activity sponsored in whole or part by Ruth Park Golf Course or City of University City.

Parent or Guardian signature: _____

No applications will be accepted without signature.