

# Selkirk Saints Golf Camp 2012 Registration (Please fill out the following):

July 9-13 Day Camp    \$320   

July 9-13 Residence Camp    \$520   

**\*After May 15**    \$350   

**\*After May 15**    \$550   

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)    Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ (please use an address that is checked regularly)

Allergies/Medical Conditions:	Emergency Contact and Telephone:	Medical Number:
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Golf History: never played before \_\_\_\_\_ beginner \_\_\_\_\_ intermediate \_\_\_\_\_ experienced \_\_\_\_\_

Handicap (if available): \_\_\_\_\_ Home Course: \_\_\_\_\_

Golf Shirt Size (please circle one):    YS   YM   YL   YXL (youth sizes)    S   M   L   XL (adult sizes)

### \*\*\*NEW ADVANCED LEVEL\*\*\*

Please indicate here  if your child is applying for the advanced level group. A reference letter confirming ability is required from your local pro, coach or someone with similar golf qualifications.

### Payment Information:

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Amount: \$ \_\_\_\_\_    \*\*\* 50% payment is due upon registration  
\*\*Final payment is due June 10<sup>th</sup>, 2012 (no refunds after June 1)

Please send your registration and payment(s) to:

Or Fax to:

Community Education – Selkirk College  
301 Frank Beinder Way  
Castlegar, BC V1N 3J1

**(250) 365-3929**

**Golf Camp Info Line:**  
(250)365-1304

For all registration inquires phone (250) 365-1208

**Registration Deadline is June 15, 2012    \*\*\*Limited Spaces Available\*\*\***

Please include a signed waiver with application form (below).



# Selkirk Saints Golf Camp Permission and Waiver Form

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The Selkirk Saints Golf Camps and Selkirk College Athletic Program take pride in providing a safe environment for all athletes and summer camp students. All possible effort is made to provide equipment and facilities that are clean and in good working order. Activities, games, matches and exercises related to any program, athletic event or summer camp are designed to be appropriate and will include qualified and respectable personnel. The Selkirk Saints Golf Camps and Selkirk College Athletic Program recognize that with any athletic activity there is a certain level of risk and that some circumstances are unpredictable and impossible to control or foresee. Your signature at the bottom of this form will confirm that you have read and understood the following statements.

**Waiver Statement for Camper:** \_\_\_\_\_  
Please Print Name

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Selkirk College and it's staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury, including death or property damage that may be sustained or occur during participation in the Selkirk Saints Golf Camps or activities while at camp. I/We voluntarily assume full responsibility for any risk, loss, damage or personal injury, including death that may be sustained as a result of such activity.

I/We, the undersigned, give permission for my/our child to be transported to and from the Castlegar Golf Course and into the town of Castlegar (when applicable) via Selkirk College vans and/or rental vehicles with a certified driver.

I/We, the undersigned, give permission to Selkirk College to collect video footage, photographs and/or testimonials for promotional purposes. I/We understand that this media may be used for the purpose of public information and/or education and may appear in brochures, newspapers, exhibits or related Selkirk College publications.

Please initial here if you DO NOT give permission for your child to be included in video footage, photos and/or testimonials to be collected for promotion purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Full Name of Parent/Guardian