



Camp 1 July 8 – 11, 9:00–11:30

Camp 3 July 22 – 25, 9:00–11:30

Camp 2 July 8 – 11, 1:00–3:30

Camp 4 July 22 – 25, 6:00–8:30PM

Rates: \$45–Single Camp / \$80–Double Camp*

must be provided a lunch if back to back sessions

Location: Concord Crest Golf Course Practice Facility, 12121 Sharp St. Springville, NY 14141

Name: _____ Age: _____

Date of Birth: _____ Male Female

Own Clubs? (Y/N) *equipment is included Handed: (L/R)

Preferred camp: 1 / 2 / 3 / 4 / Double (circle 2): 1 / 2 / 3 / 4

Parent/Guardian: _____ Email: _____

Cell Phone: _____ Alternate Phone: _____

Home Address: _____ City, State, Zip: _____



Camp sizes are between 8 and 32 campers. Please provide registration and payment to Concord Crest. Questions? Please contact Ashley Ploetz at (716)592-7636

Medical Information:

Doctor's Name: _____ Phone Number: _____

Permission to contact Doctor/Hospital: Yes No

Is your child currently taking any medication? Yes No Please list: _____

Does your child have any know allergies? Yes No Please list: _____

Does your child have any serious health issues? Yes No Please list: _____

Does your family have health and/or accident insurance? Yes No

Insurance Carrier: _____ Policy Number: _____ Group Number: _____

I give my son/daughter, _____, permission to attend and participate in the Summer Golf Camp at Concord Crest Golf Course. I hereby release Concord Crest, their employees, associates and contributors from liability from any injury, loss, or theft incurred by my child while participating in the program. I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I also give consent for my child's picture to be taken and used for publications, news, or social media. My signature indicates that I agree to the above statement.

Signature of Parent/Guardian: _____ Date: _____

OFFICE ONLY:

PAID: \$ _____ CA ___ CC ___ CH ___ INITIALS _____ CAMP ___/INSTRCTR _____