

Junior Academy Participant

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

Meal Plan _____

Junior Academy Participant

August

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Meal Plan _____



Where fun is par for the course

Summer Sports Day Camp Application

for office use only

Weeks of July 4th - August 26th
Individual days or by the week Monday - Friday 9am - 4pm
 Early drop off 8am & late pick-up 5pm (additional cost applies)

First Name (please print) _____ Last Name _____ Date of Birth _____
 _____ day/month/year

Male Female Health Card # (optional) _____

Home Address
 Street No. _____ Street Name _____ Apt. Number _____ City _____ Postal Code _____

Parent/Guardian Names

Home Phone Number () _____ Work Phone Number () _____

Mobile Phone Number () _____ Email _____

Emergency Contacts		
Name	Relationship	Phone Number
_____	_____	() _____
_____	_____	() _____

Bus transportation available week of July 18 and August 8 - Pickup up will be in LaSalle and/or Windsor (MINIMUM NUMBER REQUIRED)

Meal Plan & Summer Junior Academy
 Meal Plan \$9/day (plus HST) Are you signed up for the Summer Junior Academy?

Payment information – Registration will be confirmed by e-mail only after receipt of full payment
 Drop off at Woodland Hills Golf Club or mail to WHGC, 1919 County Rd. 27, Woodslee, ON N0R 1V0

Cost is \$40/day or \$175/week (plus HST) – Discounts apply for multiple days or weeks, or additional siblings.

Cash Cheque Payable to : **Woodland Hills Golf Club** Credit Card: Visa Mastercard

Credit Card Number: _____ Exp. Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Waiver of Liability

I understand that in the case of injury or any medical emergency, and in the event that parents/guardian cannot be contacted, Woodland Hills Golf Club Inc. herein known as WHGC, personnel have my permission to admit my child to the hospital if they deem it necessary. Also, I will in no way hold WHGC their affiliates, subsidiaries or any other persons connected with this camp responsible or liable for any injury or loss of equipment that may occur to the below named participant during this camp.

I also grant WHGC permission to use photographs or video of my child taken at the WHGC camp for use in promotions or related marketing materials.

This agreement shall not obligate WHGC to use the property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the property.

 Signature of Parent or Guardian

 Date