



2025 Wachusett Country Club Golf Camp

Registration, Medical Release, Liability Waiver

Session(s) Attending (please circle): #1 (6/17-6/20) #2 (6/23-6/26) #3 (7/15-7/18)
#4 (7/21-7/24) #5 (8/4-8/7)

Participant Name _____ DOB _____

Address _____ City/State/Zip _____

Email Address _____ Phone _____

Known Allergies _____

Known Medical Conditions _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Emergency Contact _____ Phone _____

Insurance Carrier _____ Policy # _____

Acknowledgements

Recognizing the possibility of physical injury associated with golf and youth camp participation and in consideration for Wachusett Country Club and accepting the individual for its junior golf programs and activities, I hereby release, discharge and otherwise indemnify Wachusett Country Club and its affiliated golf instructors, their employees and personnel, including the owners of the facilities utilized for their programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the program. As the parent/legal guardian of a minor participating in Wachusett Country Club's golf instructional programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

For the purposes of program promotion and advertising, I grant Wachusett Country Club and its affiliated golf instructors the irrevocable right and unrestricted permission to take and publish photographs and videos of my child, or of which my child may be included. This includes but is not limited to: website, social media channels, email marketing, and editorial publications. I fully and without limitation release Wachusett Country Club and its affiliated instructors from any liability that could arise from use of the images and/or video.

I agree to all of the above statements, and certify the above personal information to be accurate.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

To secure your spot, return completed registration form to Dan Dempsey, PGA Teaching Professional
Email: dan.dempsey@pga.com

Mail: Wachusett CC, attn Dan Dempsey, 187 Prospect Street, West Boylston MA 01583