



www.coraloaksgolf.com
239.573.3100

CORAL OAKS JUNIOR GOLF CAMPS



1/2 Day - 8:30 am - Noon - **\$250** per child
Full Day - 8:30 am - 3 pm - **\$500** per child
**Golf Clubs Provided if needed*

JUNE

June 3-7
June 10-14
June 17-21
June 24-28

JULY

July 1-5
July 8-12
July 15-19
July 22-26



REGISTER TODAY IN THE GOLF SHOP

*For more information, or questions about the camp,
please contact Justin Dupuis @ justin.dupuis@coraloaksgolf.com*

Coral Oaks Junior Golf Program

Application

(Place a "X" in the level to which you are applying.)

Novice **Intermediate** **Half Day** **Full Day**

Student's Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency #: _____ Email (required): _____

Student's Birth Date: _____ Age of Student When at Camp: _____

School: _____

Date(s) Applying For: **June 3 - 7** **June 24 - 28** **July 15 - 19**
 June 10 - 14 **July 1 - 5** **July 22 - 26**
 June 17 - 21 **July 8 - 12**

Waiver and Release

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that the Junior Camp, Coral Oaks Golf Course, its agents, commissioners and employees, shall not be liable to me or my child for any injury or damages, howsoever caused, resulting directly or indirectly from my child's participation in the Coral Oaks Golf Course or its programs, at any time preceding, during, or after the program is in session and I hereby discharge the Coral Oaks Golf Course, its agents, commissioners and employees from all actions, claims, and demands I or my child may have for such injury or damage. I further authorize that the Coral Oaks Golf Course has the right to use all photographs or videos taken of my child during the academy for advertising or promotional material.

Parent or Guardian Signature: _____ Date: _____

Register by: Complete Application & Submit with Payment to **Coral Oaks Golf Course**

Call **Coral Oaks Golf Course** to charge Credit Card - **239.573.3100**

Credit Card #: _____ Exp. Date: _____

AmEx Visa MasterCard Check Money Order