

The San Bruno Golf Center and Mr. Peter's Summer Golf Camps Medical/Health Form

In the event of any type of injury or illness, whether life threatening or not, your signature on this form will authorize, in your absence, medical treatment as deemed necessary by a licensed physician/surgeon/dentist. Without your signature, your child will not be allowed to participate in The San Bruno Golf Center and Mr. Peters Summer Golf Camp. Please submit this form on the first day of camp during check-in.

Camper Information	Child #1	Child #2
Child's First and Last Name >>>		
Current Health Conditions:	Please Circle	Please Circle
Epilepsy/Convulsions	Yes No	Yes No
Heart Defect/Disease	Yes No	Yes No
Diabetes	Yes No	Yes No
Bleeding/Clotting	Yes No	Yes No
Asthma	Yes No	Yes No
Please comment on "Yes" answers:		
My Childs Immunities/Vaccinations are Current for:		
Chicken Pox (Varicella)	Yes No	Yes No
MMR (Measles/Mumps/Rubella)	Yes No	Yes No
DPT (Diphtheria/Tetanus/Pertussis)	Yes No	Yes No
HIB (Hip Meningitis)	Yes No	Yes No
Hepatitis B	Yes No	Yes No
Please comment on answers:		
Serious Allergies:		
Life threatening insect sting allergy	Yes No	Yes No
Penicillin	Yes No	Yes No
Other drugs	Yes No	Yes No
Life threatening food allergy	Yes No	Yes No
Other	Yes No	Yes No
Please comment on answers:		
EMERGENCY CONTACT INFORMATION		
Emergency Contact People	Work / Day Phones	Cell Phones
1.		
2.		
3.		
EMERGENCY CONTACT INFORMATION		
I/we give permission to the directors of The San Bruno Golf Center and Mr. Peters Summer Golf Camps to provide & approve immediate emergency care & transportation should it be required and to administer prescribed medication and routine health care.		
_____	_____	_____
Mother's Signature	Father's Signature	Date

Conditions of Enrollment

Release of Liability, Safety, Refund Policy

1. I hereby authorize the directors of The San Bruno Golf Center and Mr. Peters Summer Golf Camps to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named camper in participation in the camp program. And I hereby waive and release The San Bruno Golf Center and Mr. Peters Summer Golf Camps from any and all liability for any injuries while at camp.
2. The undersigned parent or guardian consents to the use of any pictures of the camper to be used in advertising or promotion.
3. The San Bruno Golf Center and Mr. Peters Summer Golf Camps reserves the right to dismiss any player whose conduct is unsatisfactory. There are certain inherent risks associated with golf. A child will be dismissed from a program for compromising the safety of others. The San Bruno Golf Center and Mr. Peters Summer Golf Camps are for well adjusted individuals who treat others with respect and value each player's right to a positive camp experience.
4. Camp Refund Policy: Please give careful consideration prior to enrolling in camp. Camp fees are not refundable. If you cancel on or prior to May 31st your camp fees may be applied to a future camp held by The San Bruno Golf Center and Mr. Peters Summer Golf Camps during the 2012 golf season, should there be any availability. The camp credit is transferable to family members or friends. Cash refunds will not be offered. If you need to cancel a session, please call (415) 902-3003, or email mopetey88@gmail.com

I accept the terms as stated above in Conditions of Enrollment I accept the terms as stated above in Conditions of Enrollment.

Print Minor's Name

Parent or Legal Guardian's Signature

Print Name of Parent or Legal Guardian

Telephone Number

Date: