

2019 Kids Camps and Activities



Registration

Please indicate with an "X" to register for the activity (s) and send form and check payable to Pinewood Country Club, PO Box 18614, Munds Park, AZ 86017. Please use one form for each child.

Science Spectacular	5/29 – 6/1	9:30-11:00am	Ages 7-14	\$90
Recreational Sports	6/10 - 6/13	9-10:30am	Ages 6-14	\$90
Basketball	6/17 - 6/20	10-11:30am	Ages 9-16	\$90
Soccer	6/24-6/28	9a-3pm	Ages 2-3,4-6,7-8,	\$90
			9-11,12-16	
Soccer Shooting Session	6/25	5pm - 6:30pm	Ages 10-16	\$40
Challenge Lego	7/8-7/12	9am-Noon	Ages 7-12	\$130
Volleyball	7/22 - 7/25	10-11:30am	Ages 9-16	\$90
☐ Junior Golf	6/3-6	9:00-11:15am	Ages 6-11	\$125
☐ Junior Golf	6/3-6	12:15-2:30pm	Ages 12-17	\$125
☐ Junior Golf	7/16-19	9:00-11:15am	Ages 6-11	\$125
☐ Junior Golf	7/16-19	12:15-2:30pm	Ages 12-17	\$125
☐ Junior Golf	7/29-8/1	9:00-11:15am	Ages 6-11	\$125
☐ Junior Golf	7/29-8/1	12:15-2:30pm	Ages 12-17	\$125



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Registration

Child's Name		Male	Fem	ale		
Birthdate	Age	Grade in Fall				
Parent's Name						
Home Address		_City	State	Zip		
Home Phone		E-Mail				
Potential Emergency/Health I	Needs					
(This information will not be s	hared with anyone other	than PWCC personne	I)			
Emergency Name & Phone						
Number						

CAMP PRICES WILL NOT PRORATED AND NO REFUNDS WILL BE ISSUED UNLESS YOU CANCEL THE CAMP AT LEAST TWO WEEKS IN ADVANCE

IF ATTENDING ANY OF THE JR GOLF CAMPS, PLEASE COMPLETE THE FOLLOWING:

Shirt Size

Shirt Color: Pink, White, Blue or Red (Please circle one)





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RELEASE FORM

The parent (or Legal Guardian) signing this form below agrees to indemnify, release, defend, and hold Pinewood Country Club, any member of Pinewood Country Club, and its Board of Directors, employers, and agents harmless against any damages, claims, or other liability resulting from the participation of my child with activities sponsored by Pinewood Country Club.

My child has the following known medical conditions which I would like the program instructors to be aw	rare of:
·	
I confirm that my child is in good health and can participate in all the physical activities of the program.	
My child's name is	
I also agree that in case of a medical emergency, I authorize the Youth Activities/Director/Instructor/ Adr whatever action, from a commonsense standpoint, is necessary. This includes consent for medical treatr transport. In the event of such an emergency, please call:	
1. Name and #	
2. Name and #	
SIGNATURE OF PARENT (OR LEGAL GUARDIAN) DATE	