

6700 Saltsburg Rd. Pittsburgh, PA 15235 412.793.7111 www.3lakesgolf.com

## **Summer Camp Registration Form**

(Sessions will be capped at 6 and are on a first come first serve	basis) Dates of atten		
PARTICIPANT NAME (Last)	(First)		
STREET ADDRESS:			
CITY	STATE	ZIP	
PHONE NUMBERS (Primary)	(Secondary)		
EMERGENCY CONTACT	PHONE NUMBER		
PARENT EMAIL ADDRESS			
GRADE BIRTH DATE	MALE	FEMALE	_
Health Insurance Provider and Group ID #	Р	Phone #	
Preferred Hospital:			
PARENT/GUARDIAN CONSENT:  I consent to allow my child (named above) to participate in 3 Lakes Golf Couthe game of golf, including but not limited to, the risk of my child being hit by an person or damage to the property of another, and I release, and hold harmles associates, affiliates, sponsors, parents, subsidiaries, agents, officers, employed named from any and all liabilities resulting from such causes.  Furthermore, I grant 3 Lakes Golf Course and its partners and collaborators to use my child's first name, likeness, and voice in all forms of media in connections.	n errant or misdirected golf ss, 3 Lakes Golf Course, Ale es, and volunteers associat the right to videotape, film	f shot and the risk o coma Land Co. and ed with any/all of t , and photograph m	of my child causing injury to another all parties, partners, collaborators, the programs, events, and activities my child and the right, in perpetuity,
Print Parent Name	Parent Signature		
If your child has a medical or other condition please provide conj	fidential information (	ON THE BACK OF	F THIS FORM.
<b>Program Fee:</b> \$150.00 PER WEEK PER CAMPER included Make check payable to 3 LAKES GOLF COURSE and mail to online at <a href="www.3LakesGolf.com">www.3LakesGolf.com</a> Please note participants in	: 6700 SALTSBURG		
Cash Check Visa M'Card CC#	Exp. D	oate:	3 Digit Code#

CAMP IS RAIN OR SHINE PLEASE DRESS APPROPRIATELY FOR WEATHER OUTDOORS.