

Sanford Municipal Golf Course

600 Golf Course Lane
Sanford, NC 27330

Phone: (919) 777-1900
Fax: (919) 775-8384



Youth Golf Camp Application & Registration Form

***Limited to first 65 applicants*

Camper Information

Name of Camper: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Age: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Email: _____

Shirt Size:

Youth Small _____ Youth Medium _____ Youth Large _____ Youth X-Large _____

Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

Experience (select one)

Beginner _____ Intermediate _____ Advanced _____

Years at Camp (enter number of years if return camper)

First Time _____ Return Camper _____

Payment Information

___ Enclosed is \$100, for full payment

Make checks payable to the **City of Sanford** and return with your application to:
David Von Canon • Sanford Municipal Youth Golf Camp • 600 Golf Course Ln • Sanford, NC 27330

**City of Sanford Parks and Golf
General Liability Waiver & Photo Release
Participation Agreement for Parks and Golf Programs**

Participant Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Email: _____

Emergency Contact Phone: _____

WAIVER AND RELEASE OF LIABILITY

By signing below, I (or my child/ward) voluntarily agree to participate in programs offered by the City of Sanford Parks and Golf Department, including but not limited to golf lessons, camps, clinics, tournaments, field trips and other parks-related activities (collectively, the "Programs").

I understand that participation in these Programs involves certain risks, including but not limited to physical injury, property damage, and exposure to environmental conditions. I voluntarily assume full responsibility for any risks of loss, personal injury, illness, damage, or death that may be sustained as a result of participation.

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless the City of Sanford, its officers, employees, volunteers, and agents (collectively, the "Releasees") from any and all liability, claims, demands, actions, or causes of action arising out of or related to participation in the Programs, whether caused by negligence or otherwise.

MEDICAL CONSENT

I authorize the City of Sanford staff to seek emergency medical treatment on my behalf (or on behalf of my child/ward) if necessary. I agree to be financially responsible for any costs incurred.

PHOTO RELEASE

I give permission for the City of Sanford Parks and Golf Department to take photographs or video recordings of me (or my child/ward) during participation in the Programs. I understand that these images may be used for promotional or informational purposes, including but not limited to brochures, websites, social media, and press releases, without compensation or further consent.

I DO NOT consent to the use of photos/videos as described above.

PARTICIPANT OR PARENT/GUARDIAN ACKNOWLEDGEMENT

I have read and fully understand this waiver and release of liability and agree to its terms.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____