

IRONHORSE GOLF CLUB  
15400 MISSION ROAD  
LEAWOOD KANSAS 66224  
913-685-4653

2019 US KIDS CAMP  
MAY 7-9  
5:30 – 7:00  
\$275 Includes Junior Set

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Height (inches): \_\_\_\_\_ Left or Right Hand \_\_\_\_\_ Color Code: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

1. I AGREE TO ABIDE BY THE REGULATIONS AND POLICIES OF IRONHORSE GOLF CLUB.
2. I AGREE THAT PAYMENT MUST BE MADE BEFORE A SPOT IS RESERVED FOR THE CAMP WITH A TOTAL SPACE AVAILABLE IN CAMP OF 6 JUNIOR GOLFERS.
3. I RECOGNIZE THAT THE ULTIMATE RESPONSIBILITY FOR MY SAFETY RESTS WITH ME. I ASSUME ALL RISKS FULLY IN CONSIDERATION OF BEING ALLOWED TO USE THE IRONHORSE GOLF CLUB'S FACILITIES; I HEREBY FOR MYSELF, HEIRS, EXECUTORS, ADMINISTRATORS AND ALL OTHERS WHO MIGHT CLAIM ON MY BEHALF, RELEASE IRONHORSE GOLF CLUB, THE CITY OF LEAWOOD AND TROON GOLF AND ALL ITS' EMPLOYEES AND AGENTS.
4. WHEN USING IRONHORSE GOLF CLUB, MEMBERS OR GUESTS AGREE TO ASSUME FINANCIAL RESPONSIBILITY FOR ANY LOSS OR DAMAGE TO IRONHORSE GOLF CLUB CAUSED BY THEIR OWN NEGLIGENCE OR INTENTIONAL MISCONDUCT.

\_\_\_\_\_  
GUARDIAN SIGNATURE                      DATE                      PARTICIPANT SIGNATURE

**PLEASE MAKE YOUR CHECK PAYABLE TO IRONHORSE GOLF CLUB.**

<i>FOR OFFICE USE ONLY</i>		
DATE PAID: _____	PAYMENT METHOD _____	BY: _____

