IRONHORSE

2021 US KIDS CAMP
MAY 4-6
5:30 – 7:00 PM
$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 RECOGNIZIE THAT THE ULTIMATE RESPONSIBILITY FOR MY SAFETY RESTS WITH ME. I ASSUME ALL RISKS FULLY IN CONSIDERATION OF BEING ALL0WED 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.

FOR OFFICE USE ONLY

DATE PAID: _____ PAYMENT METHOID _____ BY: _____

TROON GOLF®