



# IRONHORSE

2023 Junior Camp

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

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

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

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

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

PLEASE CHECK WHICH CAMP YOU WOULD LIKE TO ATTEND:

**7-10 year old camps will run 9 AM to 10 AM  
11-14 year old camps will run 10:30 AM to 12:30 PM**

- |  |   |
|--|---|
| <input type="checkbox"/> 7-10 year old June 13 <sup>th</sup> -16 <sup>th</sup> (\$150) | <input type="checkbox"/> 11-14 year old June 13 <sup>th</sup> -16 <sup>th</sup> (\$275) |
| <input type="checkbox"/> 7-10 year old June 27 <sup>th</sup> -30 <sup>th</sup> (\$150) | <input type="checkbox"/> 11-14 year old June 27 <sup>th</sup> -30 <sup>th</sup> (\$275) |
| <input type="checkbox"/> 7-10 year old July 11 <sup>th</sup> -14 <sup>th</sup> (\$150) | <input type="checkbox"/> 11-14 year old July 11 <sup>th</sup> -14 <sup>th</sup> (\$275) |
| <input type="checkbox"/> 7-10 year old July 25 <sup>th</sup> -28 <sup>th</sup> (\$150) | <input type="checkbox"/> 11-14 year old July 25 <sup>th</sup> -28 <sup>th</sup> (\$275) |

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

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

- I AGREE TO ABIDE BY THE REGULATIONS AND POLICIES OF IRONHORSE GOLF CLUB.
- I AGREE THAT PAYMENT MUST BE MADE BEFORE A SPOT IS RESERVED FOR THE CAMP WITH A TOTAL SPACE IN THE 7-10 YEAR OLD CAMP FOR 12 JUNIOR GOLFERS AND THE 11-14 YEAR CAMP FOR 24 JUNIOR GOLFERS.
- 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.
- I AGREE TO ALLOW MY PICTURE OR NAME TO BE USED ONLY ON IRONHORSE GOLF CLUB'S SOCIAL MEDIA PAGES.
- 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 method: \_\_\_\_\_ Staff: \_\_\_\_\_