



IRONHORSE

2024 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

___ 7-10 year old June 11th-14th (\$150)

___ 11-14 year old June 11th-14th (\$275)

___ 7-10 year old June 25th-28th (\$150)

___ 11-14 year old June 25th-28th (\$275)

___ 7-10 year old July 16th-19th (\$150)

___ 11-14 year old July 16th-19th (\$275)

___ 7-10 year old July 30th – August 2nd (\$150)

___ 11-14 year old July 30th – August 2nd (\$275)

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 IN THE 7-10 YEAR OLD CAMP FOR 12 JUNIOR GOLFERS AND THE 11-14 YEAR CAMP FOR 24 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. I AGREE TO BEING ABLE TO INDEPENDENTLY USE THE RESTROOM FACILITIES WITHOUT SUPERVISION AND WALKING TO AND FROM THE RANGE.
5. I AGREE TO ALLOW MY PICTURE OR NAME TO BE USED ONLY ON IRONHORSE GOLF CLUB'S SOCIAL MEDIA PAGES.
6. 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: _____