



Avalon Golf and Country Club & Affiliates Parental/Legal Guardian Consent Form Camp Squaw Creek Summer 2024

General Information

(Child's Full Name)	(Date of Birth)	(Member ID #)	
(Address)	(City)	(State)	(Zip)
(Mother's Name)	(Employer)	(Work Phone)	(Cell Phone)
(Father's Name)	(Employer)	(Work Phone)	(Cell Phone)
(Contact Name-If parent is unavailable)	(Employer)	(Work Phone)	(Cell Phone)
(Doctor's Name)	(Address)	(Work Phone)	(Cell Phone)

Parental/Legal Guardian Consent

I, the undersigned parent/legal guardian of the above mentioned child participant indicated by the legal signature below, state that said child participant is physically able and has my permission to participate in any Avalon Golf and Country Club and Affiliates' ("Avalon") Child Activity or Event held at Avalon.

Describe any condition(s) that we should be aware of _____

List any allergy your child has and tell us what happens if exposed _____

Please circle your camper's Swim Ability:

Non-Swimmer

(chooses not to swim)

Beginner Swimmer

(can swim on front for 20ft without flotation)

Advanced Swimmer

(can pass a swim test – jumping in water treading water for 30 seconds and turn over in water)

I understand, agree and hereby release Avalon from any liability associated with my child participating in any Avalon Child Activity or Child Event and I waive any claim against Avalon or Avalon's Representatives.

In the case of an emergency, I give my consent to Avalon and Avalon's Representatives to obtain medical care from any licensed physician, hospital or clinic for the above mentioned participant for any injury or illness that could arise during participation in any Avalon Child Activity or Avalon Event. I also give permission for ambulance transfer, if needed.

Because my child is voluntarily taking part in any activity or event at Avalon, the activity or event may be photographed or videoed for promotional purposes and may contain an image of my child. I give my full permission to use the photograph or video or other digital reproductions for any Avalon promotions, emails, newsletters, etc. that may occur now or in the future. Furthermore, I understand and agree that my child or I will not receive any remuneration for this and I hereby release Avalon and its representatives from any and all claims which may arise out of or connected with such use.

Signed _____ Relationship _____

Print Name _____

Date _____

***Avalon Golf and Country Club & Affiliates
Drop Off and/or Pick Up Care Registration
Camp Squaw Creek Summer 2024***

Please list the adults, other than listed parents, who will be dropping off or picking your child up from camp:

(Name) (Relation to Child)

(Name) (Relation to Child)

(Name) (Relation to Child)

Camp Hours: 9:00a.m.-3:00p.m.

Please circle if your child will require any the following Drop Off or Pick Up care:

I do not require care.

Drop Off Care - 7:30a.m.-8:30 a.m. - \$15/child/week

Pick Up Care - 3:30p.m. – 6:00 p.m. - \$20/child/week

Both Drop Off & Pick Up Care - \$30/child/week

**Drop Off & Pick Up Care Fees are in addition to Camp Registration Fees*