



## 2019 Children's Golf Camp Application

Mountain View Country Club is offering a one-week golf camp for children age 6 through 14 from 1 p.m. to 5 p.m. on Monday, July 29 through Friday, August 2. Further information concerning the camp is available at the Pro Shop and on our website: [www.mvccvt.com](http://www.mvccvt.com). Once completed, please bring this application, along with your fee payment, to the MVCC Pro Shop or mail them to MVCC, P.O. Box 97, Greensboro, VT 05841

**Participation Fee:**  \$50 for members;  \$80 for non-members

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*Print Name and Date of Birth of Child Participant*

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*Print Name of Child's Primary Parent/Guardian and Relationship to Child/Participant*

Is the child an MVCC Member or Under 21 Permit Holder?  Family  Permit Holder  Non-Member

*Please note that space in this program is limited and children will be admitted in the order that applications are received with payment, with priority given first to children who participate in their parents' family membership and children who hold an MVCC "Under 21" playing permit. After Tuesday, July 23, non-member children may sign up if space is available.*

Local Address: \_\_\_\_\_

Local Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

### EMERGENCY CONTACT AND AUTHORIZED PICK UP

Please list a person (other than the Primary Parent/Guardian(s) already indicated on this form) whom we can contact in case of an emergency and who are authorized to pick up your child from camp.

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*Print Name and Telephone Number of Emergency Contact and Authorized Pick-up Person*

Does your child have any allergies?

<input type="checkbox"/> No allergies	<input type="checkbox"/> Eggs	<input type="checkbox"/> Tree Nuts
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Dairy
<input type="checkbox"/> Wheat	<input type="checkbox"/> Bee Sting	<input type="checkbox"/> Other: _____

**Please note that, regrettably, MVCC staff cannot administer a child's prescription or over-the-counter medications.**

Does your child have any particular behaviors, special learning abilities, gifts or needs that you would like our staff to understand? (if none, please indicate):

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Does your child have any any health conditions, special physical abilities, or nutritional needs that you would like our staff to understand? (if none, please indicate):

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**CLOTHING**

Please bring your child to camp every day with secure shoes (closed toe sneakers or golf shoes; no open back sandals please) and comfortable, weather-appropriate clothing to spend time outdoors.

**BEHAVIOR AND ILLNESS POLICY**

Children should be dropped off between 12:50 pm and 1:00 pm and picked up between 4:55 and 5:05 pm. We are dedicated, however, to providing a safe space for all campers. If a child behaves inappropriately or in a way that endangers themselves, other campers, or staff, we will notify parents/guardians of the incident and may request an early pick up. If the behavior continues to cause significant disruptions or is of a very serious nature, we may request that the child not return to camp and no reimbursement will be given. In addition, and in order not to compromise the health of other campers or our staff, we kindly request that children who have symptoms of a communicable disease (fever, vomiting, runny nose, sore throat, etc.) stay home. Once your child has been symptom-free for 24 hours, they can return to camp.

**I have read and understand the Behavior and Illness Policy**

**WAIVER**

I understand that although MVCC camp staff will exercise precaution to avoid injuries (including adequate adult supervision, safety precautions in potentially dangerous situations such as swinging golf clubs, riding in a golf cart and crossing the road and golf course when golf balls are being hit, and providing clear communications with children) injuries are still possible. I assume all risk of injury to my child and hereby release and agree to hold harmless Mountain View Country Club and its directors, officers, employees and agents from liability for injury resulting from my child's participation in the camp program. In the event that MVCC staff are unable to reach a parent/guardian or emergency contact by phone while my child is attending the camp, I authorize MVCC staff or medical personnel to take emergency measures as needed.

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*Signature of Parent*

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*/*, 2019  
*Today's date*