• Open to all Boys & Girls age 5-17.
• The focus of this camp is on the fundamentals of full swing and short game for all skill levels.
• Instruction takes place at the Wofford Practice Facility located on Lake Forest Drive at The Country Club of Spartanburg. Drop off/pick up at Lake Forest Drive entrance.
• Tuition- $195

2015
Champions Junior Golf Camp
At Wofford

Full details:
www.championsjuniorgolf.com

Contact Angie Ridgeway
Phone: 864-597-4495
Email: ridgewayaj@wofford.edu

Angie Ridgeway
Wofford Athletic Dept.
429 N. Church St.
Spartanburg, SC 29303

Golf Camps for Boys & Girls
Day Camp- June 8-11, 2015
www.championsjuniorgolf.com

Resident Camp- June 14-18, 2015
www.ussportscamps.com/golf/nike

Return Registration Form and Deposit to:
Angie Ridgeway
Wofford Athletic Dept.
429 N. Church St.
Spartanburg, SC 29303
2015
Champions Junior Golf Camp
At Wofford
Registration Form

Golfer’s Name ___________________________________
Home Address ___________________________________
Parent’s Name ___________________________________
Parent’s Email ___________________________________
Parent’s Phone __________________________________

Day Camp June 8-11, 2015

Age at Camp: ______
Years Played: ______
Avg. 9 Hole Score ______ (if available)

Skill Level: ______ Beginner
________ Intermediate
________ Advanced

T-Shirt Size: ______ Youth S
________ Youth M
________ Youth L
________ Adult S
________ Adult M
________ Adult L
________ Adult XL

Day Camp June 8-11

Hours: 9:00-12:00
Tuition $195
A $50 deposit is required with registration

Please make checks payable to
Champions Junior Golf.

Registration

Medical Emergency Information

Camper’s Full Name ___________________________________
Birthdate: ________________________________
Food/drug allergies of camper:_________________________
Health problems:______________________________
Physician: ________________________________
Physician’s Ph. #: ________________________________

Relation to Camper: ________________________________
Cell Phone: ________________________________
Home Phone: ________________________________
Work Phone: ________________________________

Policy Holder’s Name ________________________________
Policy Holder DOB ________________________________
Address: ______________________________________
Relation to Camper: ________________________________
Employer: ______________________________________

Insurance Company Name and Address: ______________
Policy # ________________________________
Plan # ________________________________

Medical Treatment Consent: I, the legal guardian of the
above named camper authorize the Champions Junior Golf
Camp staff to seek medical treatment for the camper as
they see necessary. I consent to any x-ray, anesthetic or
surgical diagnosis or treatment and hospital care
subsequently deemed necessary by a licensed health care
provider. I understand that this authorization is given in
advance of any care, and that it is given to provide the
camp staff authority to seek medical treatment and
provide care and administer this treatment. I accept
responsibility for payment of all services; I authorize any
medical facility to process medical claims and the payment
of insurance directly to the facility. Furthermore, I
understand that there are certain risks with physical
activities such as golf camp. I waive and release Wofford
College, Champions Junior Golf, and camp staff from all
liabilities for any and all injuries and illnesses incurred
while at camp.

________________________________________________
Legal Guardian Signature

________________________________________________
Print Name

Date: ________________________________