

Name _____ Session _____

INFORMATION MEDICAL

Present Health Problems: _____

Person to contact in case of emergency: _____

Phone: _____

I hereby authorize the directors of the SUN DEVIL GOLF CAMP to act for me according to their best judgment in any emergency requiring medical attention and hereby release, exonerate and discharge the camp and its employees from any and all actions or cause of actions known or unknown for any injuries incurred while at camp or on the way to and from camp.

Parent of Guardian Signature: _____

Insurance Carrier and Number: _____

We understand that campers are required to conform to our rules of behavior and that serious or repeated violations may result in dismissal.

Campers Signature _____ Parent Signature _____

Please enclose a front and back copy of your insurance card.

Name _____ Session _____

Please describe yourself:

_____ I am going to camp mostly just to have fun and to meet new people.

_____ I am interested in having fun, meeting new people, and improving my golf game.

_____ I am mostly interested in improving my golf game.

_____ I am really serious about my golf game and in playing collegiate golf.

Additional Comments: _____

Please rate by circling number 5 (high) to 1 (low):

Knowledge of the golf swing: 5 4 3 2 1

Knowledge of pitching: 5 4 3 2 1

Knowledge of chipping: 5 4 3 2 1

Knowledge of sand game: 5 4 3 2 1

Knowledge of course management: 5 4 3 2 1

Knowledge of rules of golf: 5 4 3 2 1

Knowledge of exercise & stretching: 5 4 3 2 1

Mental side of golf: 5 4 3 2 1

How to practice: 5 4 3 2 1

Do you have an instructor? _____ Who _____

Do you participate in other sports? _____ Which _____

Who is your favorite golfer? _____

What would you most like to learn at camp? _____

How did you hear about Sun Devil Golf Camp? _____

TRANSPORTATION INFORMATION

It is important that this information be in our office **by May 22nd**. We will meet you at the airport and provide transportation. If there are any changes, please notify us immediately!

Name: _____

Session: _____

Home Phone: _____

Parents Work Phone: _____

Fax: _____

Parents Cell Phone: _____

Date of Arrival: _____

Airline: _____

Flt.: _____

Time of Arrival: _____

Date of Departure: _____

Airline: _____

Flt.: _____

Time of Departure: _____

_____ **I expect to be picked up at the airport.**

_____ **I will be arriving by automobile and will provide my own transportation.**

Please give us a name and phone number for a contact in case there is a problem with the arrival of your flight.

Please mail or fax to:
ASU Golf Camp
PO Box 872505
Tempe, AZ 85287-2505
480-965-7398-fax

*** Please enclose a front and back copy of your insurance card.**