



Marianjoy's 2010 Golf Camp for Kids!

REGISTRATION FORM

PLEASE NOTE: A completed Registration Form and Signed Physician Release are required for each golfer.

Child's Name: _____ Child's Age: _____

Address: _____

City/State/Zip _____

Phone Number: _____ E-Mail _____

Please describe your child's physical disability: _____

Emergency contact with phone number: _____

CAMP SELECTION I would like to register my child for the following camp (Check One):

- Full Week Camp: June 21 – 24** 9:45-11:00 a.m. Oak Meadows Golf Club, Addison
- Thursday Evening Camp: July 22 – August 12** 6:00-7:15 p.m. Cantigny Golf Club, Wheaton

Will your child need clubs? No Yes (Circle one): Right-handed Left-handed Child's height _____

Is your child able to stand independently? Yes No

If no, please describe assistance needed: _____

Will golfer be playing at wheelchair level? Yes No

Is your child able to use both arms? Yes No (Circle stronger side): Right Left

Does your child have dietary restrictions/allergies? _____

Does your child have previous golf experience? _____

To help us make this a positive and beneficial experience for your child, please include an other information/comments you feel would be important for us to know about him/her:

REGISTRATION INFORMATION ONLINE: www.Marianjoy.org

MAIL REGISTRATION: Mail signed physician release and completed registration form with check to:

Marianjoy Rehabilitation Hospital • 26W171 Roosevelt Road • Wheaton, IL 60187 • Attn: Tracy Ekstrom

Check enclosed payable to "MARIANJOY REHABILITATION HOSPITAL"

Please charge my credit card: Visa Mastercard Amex Discover

Account Number _____ Exp. Date _____

Name on Card _____ Signature _____

FAX REGISTRATION FORM (FRONT AND BACK SIDES) AND PHYSICIAN'S RELEASE TO: (630) 909-8411

REGISTRATION QUESTIONS? PHONE (630) 909-6010

COMPLETE ADDITIONAL RELEASE INFORMATION ON THE BACK SIDE OF THIS FORM

ADDITIONAL RELEASES

I hereby grant permission for my child's photo to be taken and used for publicity purposes related to Marianjoy.

Parent/Guardian's Signature _____ Date _____

I do hereby authorize the associates of Marianjoy to act for my child according to their best judgment and ability. I release and will not hold Marianjoy or any of their associates or agents responsible for any liability arising from participation in their programs or outings. I understand that Marianjoy does not carry medical insurance for participants.

Parent/Guardian's Signature _____ Date _____