



**golf**  
**london.ca**

safe lessons. safe golf.



**Contact Information**

Child's Name: \_\_\_\_\_  Male  Female  
Date of Birth (Y/M/D): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Parent - Guardian #1	Parent - Guardian #2: (if applicable)	Parent - Guardian Email Addresses	
Address:		Home Phone #	Cell Phone #
City and Postal Code		Work Phone #	Work Phone #
Emergency Contact 1 (Name and Phone #)		Emergency Contact 2 (Name and Phone #)	
Signature of Emergency Contact		Signature of Emergency Contact	

\* Emergency contacts MUST be different from Parent – Guardian contact information

What are your goals for your child's camp experience?

**SUMMER CAMP**  **AFTER SCHOOL**  **MARCH BREAK**

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**Please check all that are applicable to your child.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Developmental disability         | <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Down syndrome                    | <input type="checkbox"/> Spina Bifida         | <input type="checkbox"/> Seizure disorder       |
| <input type="checkbox"/> Asperger's syndrome              | <input type="checkbox"/> Autism               | <input type="checkbox"/> Heart problems         |
| <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> Hearing impairment   | <input type="checkbox"/> Communication disorder |
| <input type="checkbox"/> Asthma/respiratory problems      | <input type="checkbox"/> Visual impairment    | <input type="checkbox"/> ADD/ADHD               |
| <input type="checkbox"/> Tourette's syndrome              | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Other _____            |

**Please highlight your child's strengths and abilities:**

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