



CENTENNIAL VALLEY
JUNIOR GOLF CAMP
 ★ 2011 ★

Junior golfers ages 6-16 will learn all the basic “FUN”damentals of the golf swing with a strong emphasis on the short game and putting, all under professional supervision of the Centennial Valley Teaching Staff. Our camp is a great way to form both good friendships and practice habits with other juniors interested in the game of golf.

CAMP DATES: CAMP 1 – MAY 31ST – JUNE 3RD

- SESSION TIMES: JUNIOR GOLF CAMP – SESSION 1 – 4:00 – 5:15PM
 JUNIOR GOLF CAMP – SESSION 2 – 5:45 – 7:00PM
 ★Each Junior Golf Camp Session is limited to 16 Juniors ★

CAMP DATES: CAMP 2 – JUNE 7TH – 10TH

- SESSION TIMES: JUNIOR GOLF CAMP – SESSION 1 – 8:45-10:00A.M.
 JUNIOR GOLF CAMP – SESSION 2 – 10:30-11:45P.M.
 JUNIOR GOLF CAMP – SESSION 3 – 1:45-3:00P.M.
 JUNIOR GOLF CAMP – SESSION 4 – 3:30-4:45P.M.
 ★Each Junior Golf Camp Session is limited to 24 Juniors ★

CAMP DATES: CAMP 3 – JUNE 14TH – 17TH

- SESSION TIMES: JUNIOR GOLF CAMP – SESSION 1 – 8:45-10:00A.M.
 JUNIOR GOLF CAMP – SESSION 2 – 10:30-11:45P.M.
 ★Each Junior Golf Camp Session is limited to 24 Juniors ★

THE JUNIOR GOLF CAMP INCLUDES:

- ★ FIVE HOURS OF GOLF INSTRUCTION
- ★ JUNIOR CAMP PRACTICE AID
- ★ CENTENNIAL VALLEY BAG TAG
- ★ DAILY REFRESHMENTS

JUNIOR GOLF CAMP INFORMATION:

- ★ JUNIOR CAMP ATTIRE – T-SHIRTS AND SHORTS, HEADWEAR AND A GOOD APPLICATION OF SUNSCREEN PLUS A GREAT ATTITUDE.
- ★ JUNIOR GOLFERS SHOULD BRING GOLF CLUBS AND MAY NEED A GOLF GLOVE.
- ★ 1ST JUNIOR COST IS \$90, 2ND JUNIOR IS \$70. NON-MEMBER COST IS \$95 EACH.
PLEASE PAY BY CHECK AND MAKE PAYABLE TO MIKE SMITH.

Junior's First Name: _____ Last Name: _____

Age: _____ Boy Girl CVCC Member # _____ Non-Member

Parent/Guardian Name: _____ Signature _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Incase of an emergency, contact: _____ Phone _____

**For Additional Information, Contact Michael Smith, PGA Director of Golf
 Email: golfman@conwaycorp.net or call the Golf Shop 501-513-2522**



Medical Release Form & Informed Consent

Centennial Valley Country Club 2011

I _____ (parent/guardian's name)
hereby give my permission for any and all medical attention to be
administered to my child _____ (child's name)
in the event of accident, injury, sickness, etc. I also assume the
responsibility for the payment of any such treatment.

Physician Name: _____

Physician Phone Number: _____

Known Allergies: _____

Medications: _____

INFORMED CONSENT

My Child _____, has enrolled in the camp program offered by CVCC. I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit his or her participation in the camp program. I hereby release CVCC, from any claims, demands, and causes of action arising from my child's participation in the camp program. I hereby release CVCC and the instructors from any liability now or in the future occurring during or after my participation on the camp program. I hereby affirm that I have read and fully understand the above.

Parents

Signature _____ Date _____

***This form must be completed and turned in with Camp registration form. One form per child.**