

Golf Camp Waiver & Release of Liability

Disclaimer: Bella Vista Golf Camp is not responsible for any injury or loss of property occurring as a result of playing, practicing, participating in, or any other involvement a person may have in Bella Vista Golf Camp for any reason whatsoever, including negligence on the part of the Bella Vista POA, its agents or employees.

In consideration of my child's participation, I hereby release the Bella Vista POA, Bella Vista Golf Camp, and any of their employees, instructors, and/or agents from any and all present and future claims resulting from negligence on the part of the Bella Vista POA, Bella Vista Golf Camp, and their employees, instructors, and/or agents for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Bella Vista Golf Camp activities. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by my child, myself, or any other family member. NOTE: Your child will not be allowed to participate without this signed consent form.

Signature of Parent/Guardian Date

Witness Relationship Date

Photo Release For Minor Child

I hereby grant Bella Vista Property Owners Association (hereinafter "BVPOA") the absolute right and permission, with respect to any photographs taken in which my minor child appears, to use or publish the photos in any way, in any medium, and for any purpose (including promotion and advertising), and to use my minor child's name in connection therewith. I hereby release and discharge BVPOA from any claims arising from said use, including claims for libel and invasion of privacy. I have read the foregoing and fully understand and agree to the contents of this Release.

Minor Child's Printed Name

Signature of Parent/Guardian Date

Authorization for Emergency Care

I hereby authorize any physician, surgeon or dentist on the medical staff of the nearest medical facility in Arkansas, to administer any emergency treatment, procedure or medicine necessary or advisable for my child. I also authorize Bella Vista Golf Staff to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

Signature of Parent/Guardian Date

My child has the following medical conditions or allergies of which medical staff should be made aware:

In case of an emergency, please contact:

Name No. 1 Phone No.

Name No. 2 Phone No.

Insurance Release

Check the appropriate box and complete information in item 1, if applicable.

1. This is to certify that my child is covered by the following hospital insurance:

Name of Company Policy Number

And has my permission to participate in all Bella Vista Golf Camp sponsored activities. It is agreed that the Bella Vista Golf Camp Program and staff are released of all liability in the event of injury.

2. This is to certify that we have No Insurance policy that will cover my child. However he/she has my permission to participate in all Bella Vista Golf Camp sponsored activities. It is further agreed that the Golf Camp Program and staff are released of all liability in the event of injury.

Signature of Parent/Guardian Date

REGISTER NOW!
2022
JR GOLF CAMP



Highlands
Driving Range
9 a.m. - Noon
Two 4-day Camps Beginning:
June 13, 15, 17 & 18
July 11, 13, 15 & 16

BELLA
VISTA

2022 JR GOLF CAMP REGISTRATION



The 2022 Bella Vista Junior Golf Camp is four days of intensive golf training taught by Bella Vista golf professionals and staff.

The first three days of the Camp will be held at the Highlands Driving Range, which provides a great golf instruction platform, with a putting green, chipping area, practice bunker and grass lesson tee. The last day will be held at Brittany for golf, followed by a pizza party at the Metfield Pool.

CAMP INCLUDES

- PGA Instruction from Bella Vista Golf Staff
- Etiquette and Rules
- Chipping, Pitching, Putting
- Full Swing Instruction
- Daily Games, Prizes
- Course Management
- Play Days
- Parent-Child Event (included with entry fee)
- Pool Party

Junior Golfers should bring their own set of clubs each day.

Name of Juniors:

_____ Age: _____
_____ Age: _____
_____ Age: _____

Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

Camp Dates:

(Please check months attending)

June 13, 15, 17, 18

July 11, 13, 15, 16

**Registration is available on-line at
bellavistapoa.com/golf/tournament, or by
returning this form to one of the Bella Vista POA
Pro Shops or the Golf division Office.**

Camp Fee: \$125 per Junior

_____ POA Member #. (if applicable)

_____ Name of Person Making Payment

_____ Address (If same as Jr. Golfer, write same)

_____ Home Phone No.

Method of Payment:

- Check (payable to "Bella Vista POA")
- Cash
- Credit Card

CC No.: _____

Exp. Date: ____/____/____ CVV Code: _____

Signature: _____



**For more information,
call (479) 855-5079
Visit us online: BellaVistaPOA.com**