

Tiger Golf Academy

Byrd Golf, LLC 11 Meyers drive, Greenville, SC 29605

INSURANCE AND MEDICAL COVERAGE

A secondary accidental insurance package is included in your camp registration fee. Because of the vigorous daily schedule, each camper should report to camp in top physical condition. Every effort will be made by our staff to protect the health and safety of each camper during the week. A professional trainer will be on duty at all times. Student health facilities on campus are easily accessible as well as an Urgent Care Facility should an emergency occur.

MEDICAL HISTORY

Tiger Golf Academy provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form signed by a parent or legal guardian of the camper.

INSURER'S NAME _____

FAMILY MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

***List all medication camper is currently taking _____

***List all medical conditions currently under treatment _____

***Is Camper allergic to any medications? _____

Permission to Administer Medication My Child, _____ has my permission to receive
_____ (drug name) _____ (dose) _____ (time of day/frequency)

Potential side effects (if any): _____ Prescribing physician (name, address, phone#):

PARENTAL PERMIT

I hereby state that the Tiger Golf Academy is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper is registered. The Tiger Golf Academy will assume responsibility only for injuries incurred while the above camper is participating in camp activities under supervision during the enrolled camping period, up to the limits of the purchased camp insurance.

The law requires that parental permission be obtained for emergency operative procedures on minors. The parent should sign the following consent form so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give permission of such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child.
_____ (Signature of Parent/Guardian) _____ (Date)

I hereby certify that I have examined and found this camper physically fit to attend and participate in camp, and I know of no impairments, which would limit their participation in all activities in camp.

_____ Signature of Physician _____ (Date)

_____ Printed Name of Physician _____ (Date)

***DATE OF LAST TETANUS IMMUNIZATION: _____

Form must be completed in full to attend camp.