

SUMMER CAMP 2021 REGISTRATION FORM



REGISTER ONLINE at
thegolfdome.com
(440) 543-1211



CONTACT INFORMATION

Child's Name _____

Street Address _____

City / State / Zip _____

E-Mail Address _____

Phone# _____

DOB _____ Age _____ Male Female

PAYMENT INFORMATION - Check Credit Card

Visa Mastercard Discover AMEX

Card Number _____

Exp. Date _____ 3 digit security code _____

CAMP TOTAL \$ _____

LUNCH TOTAL \$ _____

TOTAL \$ _____

INSTRUCTIONS:

1. Fill in contact information, and payment information boxes
2. Check the appropriate boxes to sign up
3. Sign the Emergency and Parental Consent Form
4. Total all boxes checked, and send completed form with full payment to: **The Golf Dome, 8198 E Washington St., Chagrin Falls, OH 44023**
Completed form may be emailed to kyle@thegolfdome.com

All Sport and Mighty Mites campers will receive a Golf Dome t-shirt.

YOUTH: S M L XL ADULT: S

LIMIT 1 T-SHIRT PER CAMPER

EMERGENCY AND PARENTAL CONSENT FORM:

Mother's Name _____ Phone _____ Cell# _____

Father's Name _____ Phone _____ Cell# _____

In Case of Emergency Contact: Other than Parent/Legal Guardian

1. _____ Cell # _____ Relationship: _____

2. _____ Cell # _____ Relationship: _____

Family Doctor/Pediatrician _____ Phone: _____

History of Seizures? Yes _____ No _____

Allergies (Food, Meds, Bee stings Etc.) _____

Additional Health or Emotional Concerns _____

I hereby request that you accept this application for enrollment of my child for the 2021 Golf Dome Camps. In consideration of your acceptance of this application I hereby release all of it's employees from claims on account of injuries which may be sustained by my son or daughter while attending the camp. I also agree to indemnify The Golf Dome and it's employees for all claims that may hereafter be presented by my son or daughter as a result of such injuries. I authorize The Golf Dome to take group photographs during camp for the purpose of using these images to promote the camp via email, facebook and our website.

In the event of sudden illness or accident when I cannot be reached, I authorize the camp to transport my child to an appropriate medical facility. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency receiving room.

Parent /Legal Guardian Signature _____ Date _____

(OVER)

ALL CAMPS

	A 6/1 - 6/4 4 DAYS	B 6/7 - 6/11	C 6/14 - 6/18	D 6/21 - 6/25	E 6/28 - 7/1 4 DAYS	F 7/5 - 7/9	G 7/12 - 7/16	H 7/19 - 7/23	I 7/26 - 7/30	J 8/2 - 8/6	K 8/9 - 8/13
MIGHTY MITES SPORTS Boys & Girls Ages 5-7 Monday thru Friday "AM" - WEEKS A thru K 9:00 am - 12:00 pm	AM <input type="checkbox"/> \$113.60	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$113.60	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142
"PM" - WEEKS A thru K 1:00 pm - 4:00 pm	PM <input type="checkbox"/> \$113.60	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$113.60	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142	PM <input type="checkbox"/> \$142
All Day Option "AD" 9:00 am - 4:00 pm WEEKS A thru K	AD <input type="checkbox"/> \$188	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$188	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235	AD <input type="checkbox"/> \$235
SPORTS CAMP Boys & Girls Ages 8-13 Monday thru Friday "AM" - WEEKS A thru K 9:00 am - 12:00 pm	AM <input type="checkbox"/> \$113.60	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$113.60	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142	AM <input type="checkbox"/> \$142
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LUNCH PROGRAM • SUMMER 2021

\$27.50/week OR \$5.50/day

Includes one of the following:

Pizza • Ballpark Hotdog • Macaroni & Cheese

Corn Dog • Chicken Nuggets

PLUS chips or granola bar, applesauce and drink.

