

2026 JUNIOR GOLF CAMP

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CHILD APPLICATION

CONTACT

Full Name of Child: _____ Date of Birth: ____/____/_____
MONTH DAY YEAR

Email Address: _____ Phone: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

Health Card #: _____ Years Playing Golf: _____

Does your child have any allergies? _____

Does your child have any medical concerns? _____

What size shirt does your child wear? _____

ADDRESS

Street: _____ Province: _____

City: _____ Postal Code: _____

PARENT/GUARDIAN

Parent/Guardian Name: _____

Daytime Phone #: _____ Nighttime Phone #: _____

Contact in Case of Emergency: _____

Phone #: _____ Cell Phone #: _____

CAMP FEES/HOURS

FULL DAY: 9:00AM - 3:00PM | ½ DAY: 9:00AM - 12:00PM

LUNCH PREPARED BY BROOKLEA ADD \$40 + HST (\$45.20) TO BELOW PRICES

WEEKLY FEES

1/2 Day Camp is \$310 + HST = \$350.30 (\$395.50 with LUNCH)

Full Day Camp is \$440 + HST = \$497.20 (\$542.20 with LUNCH)

FEES IF YOUR CHILD ENROLLS IN 2ND WEEK

1/2 Day Camp is \$260 + HST = \$293.80 (\$339.00 with LUNCH)

Full Day Camp is \$340 + HST = \$384.20 (\$429.40 with LUNCH)



2026 WEEKS AVAILABLE (CHECK WHICH WEEKS YOU WOULD LIKE)

FULL AND 1/2 DAYS AVAILABLE FOR ALL BELOW WEEKS

1/2 DAY: AGES 6-13 OR FULL DAY: AGES 8-13

SESSION 1: JULY 6 - 10

SESSION 4: JULY 27 - 31

SESSION 2: JULY 13 - 17

SESSION 5: AUGUST 10 - 14

SESSION 3: JULY 20 - 24

SESSION 6: AUGUST 17 - 21

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MIDLAND, ON

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PRIVACY POLICY

_____ is hereby given permission to participate in the Brooklea Golf & Country Club Junior Golf Camp. In case of injury, no matter how caused, the staff of Brooklea will not be held responsible. I declare that by signing this form that his or her doctor has deemed him/her medically fit to participate in all activities. In case of accident I understand that I will be contacted and I give permission to have my son/daughter taken for professional medical attention. Inappropriate behavior, bullying will not be tolerated and will result in the cancellation of any further participation in the camp program without refund.

Any application for refund will be subject to a minimum administration fee of \$25.00. All cancellations received less than 4 weeks prior to the start of Golf Camp week will be handled on an individual basis; depending on the camp's ability to replace the camper.

I give permission for _____ to have his/her photo taken for possible publication in the local newspapers or online on our social media channels. I also grant my approval for the printing of my child's name in the local media.

Parent/Guardian Signature: _____ Date: _____

Please make cheques payable to Brooklea Golf & Country Club and mail the form and payment to: Brooklea Golf & Country Club Midland, ON L4R 4K4 or call (705) 527-4653

Payment can be made by cheque, credit card, debit card or cash online or in person.

The Camp runs Monday to Friday; 9:00am to 3:00pm (1/2 Day is 9:00am to 12:00pm).

Junior Campers are required to bring: running shoes, hat, sunscreen, golf balls (may need lots), and golf clubs.

EXCLUSION OF LIABILITY AND RELEASE

PLEASE READ

THESE CONDITIONS AFFECT YOUR RIGHT TO CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

If you choose to use Brooklea Golf and Country Club's facilities and equipment, please understand that there are some risks that you must assume, including when you participate in indoor/outdoor physical activities. While we take all precautions and hope there are no incidents, you accept that these risks could include serious injury, death or loss of property, resulting from any cause, including if we have been careless. Please be mindful of any physical hazards on the property, weather conditions and encounters with other people, animals or objects.

You agree not to file a claim against us and that we are not liable to you. To access our facilities and equipment, you and your heirs/next of kin expressly waive and release all claims against us (and parties/people connects to us) in the event you are injured, die, or your property damaged. This applies regardless of the cause, including our carelessness, breach of contract or breach of any statutory or other duty of care we owe to you.

Parent/Guardian: _____ Date: _____

AMOUNT OWING

Full Day - \$440	\$ _____
1/2 Day - \$310	\$ _____
Full Day (2nd Week) - \$340	\$ _____
1/2 Day (2nd Week) - \$260	\$ _____
Lunch (\$40) Not Mandatory	\$ _____
HST 13%	\$ _____
Total Amount Owing	\$ _____