



LA CAÑADA FLINTRIDGE
WINTER GOLF CAMP

DECEMBER 20 - JANUARY 6, 2023



LA CAÑADA FLINTRIDGE
COUNTRY CLUB
1962-2022

JOIN US FOR AN EXCITING WINTER!

Lifetime Sports For A Lifetime Of Fun

GOLF CAMP



GOLF CAMP CAÑADA

December 20 - January 6, 2023 • Tuesday - Friday

Ages: 7 & up • Hours: 9:30 am - 1:30 pm

Golf Camp Cañada is all about having fun while learning the lifelong sport of golf. Our instructors use games, shorter distances, and fun incentives to encourage each youngster's athletic abilities, and to teach the skills and behaviors essential to success on and off the golf course. While making golf fun and approachable, Camp Golf Canada places your child squarely on the path to success.

Minimum of 4 students for camp to proceed.

Golf Camp Cañada rates per week:

Weekly Member Rate: \$400 | Non Member: \$450

Daily "drop in" Member Rate: \$125 | Non Member Rate: \$150

GOLF CAMP 2022 REGISTRATION

PLEASE MAIL TO: Attn: Golf Camp
 La Cañada Flintridge Country Club
 5500 Godbey Drive, La Cañada Flintridge, CA 91011
PHONE: 818.790.0155 **FAX:** 818.790.5503
E-MAIL: vince.santopietro@lfcountryclub.com
Camp Directors: Vince Santo Pietro PGA, Will Kim

ATTENTION PARENTS please fill out one application per child if they are in different camp/clinic programs. If they are both in the same winter program (example your children are both attending golf camp) then it is acceptable to put them on the same registration form.

Please Type Or Print And Use Black/Blue Ink Only	Date of birth	Age as of June 1st	Gender
Camper 1. _____	Mo. ___ Day ___ Yr. ___	Yrs. _____	_____
Camper 2. _____	Mo. ___ Day ___ Yr. ___	Yrs. _____	_____
Camper 3. _____	Mo. ___ Day ___ Yr. ___	Yrs. _____	_____

Golf Camp - Check Appropriate Box(es) And Circle Days Of Attending (T, W, TH, F)

	WEEK 1 12/20-12/23	WEEK 2 12/27 - 12/30	WEEK 3 1/3 - 1/6
Camper 1.	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)
Camper 2.	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)
Camper 3.	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)	<input type="checkbox"/> (T, W, Th, F)



CAMP CAÑADA **BEHAVIOR & SAFETY POLICY**

The Rules & Regulations are designed to ensure the safety, enjoyment and respect of all campers' and counselors. Ensure the ground's maintenance, protect Golf Course property, and create an environment that encourages safe and respectful use of the Golf course, pool and facilities.

COVID Safety Policy: All La Canada Winter Camps will be following covid guidelines as provided by LA County Health.

Camper Behavior Policy:

A camper whose activity, conduct, or behavior is incompatible, interferes with or hinders our Camp staff's performance of their duties, or the safe operations of the facility may be required to leave the camp.

Loud, boisterous, disruptive, or unsafe behavior that:

- Disturbs, or can be reasonably expected to disturb, other campers or patrons
- Interferes with or hinders patrons' or camp staff's: or camper's safety, use, comfort, or enjoyment of camp grounds, or activities.

These include:

- Swinging golf clubs/tennis rackets in non-designated areas.
- More than one camper in hitting stall
- Fighting, pushing, shoving, or wrestling.
- Theft
- Throwing objects at another camper.
- Discarding trash or debris in a place other than in a trash receptacle.
- Use of profanity
- Operating or using a cell phone, audio equipment, headphones, personal electronic or entertainment equipment, speaker or another device without permission or during scheduled time
- Spitting
- Bullying

We will operate on a 3-chance policy depending on the severity of the behavior.

- 1st Verbal warning, talking to, possible time out.
- 2nd Verbal warning, time out, call home.
- 3rd The child could be sent home for the day.

If a child is sent home one time, but the behavioral issues persist when the child returns, (s)he could be asked to leave camp for the remainder of the session. There are no refunds from camp if the child is sent home.

Parents, by signing this with your child you are creating a good behavior contract with LCFCC and your child.

(Please go over the rules with you child at home.)

Parent Signature _____ Child Signature _____

ALL PAPERWORK must be completed prior to the start of camp.

WEEKS FILL UP QUICKLY!

Please register your child early to assure your child(s) spot.

For daily drop in campers, please be aware of daily rate. Please arrive 20 min. early to allow extra time for registration.

PAYMENT

Charge to my member account # _____ Platinum Members Yes No

Charge to my: MasterCard Visa AMX Exp. date _____

Account #

Authorized signature _____ Print name _____

Zip Code _____ Amount due _____

REGISTRATION POLICY

(Must Be Signed To Confirm Registration)

Payment: Payments are due prior to the start of your child's start date. Any registration requests after Thursday for the following week will be on availability. Confirmation of registration will be emailed to you upon receipt of payment.

Refund Policy: No Refunds will be allowed

I have read the registration policy of La Cañada Flintridge Country Club. I further agree to allow my child to be used in any camp promotional material (newsletter, brochure, video, website, etc.)

Parent Signature _____ Date _____

FOR CAMP CANADA MEMBERS ONLY

By signing below I grant permission to allow my son/daughter to order snacks/drinks from the pool shack during swim time, and have it charged to our member account.

Parent Signature _____ Date _____

CONTACT INFORMATION

Parent/Guardian 1

Name

Email Address

Home Phone

Business Phone

Cell Phone

Parent/Guardian 2

Name

Email Address

Home Phone

Business Phone

Cell Phone

Child lives with Parent/Guardian 1 Parent/Guardian 2 Both Other

La Cañada Flintridge Country Club member YES NO

If no, are you interested in Membership YES NO

Attended La Cañada Flintridge Country Club camp in the past? YES NO

HOW DID YOU HEAR ABOUT LA CAÑADA FLINTRIDGE GOLF CAMP?

- Members Website _____ Print Ad Friend or Word of Mouth
 Facebook Ad Club Mailing Live Nearby Other _____

LA CAÑADA FLINTRIDGE COUNTRY CLUB ACTIVITY REGISTRATION - MINOR

Camper 1. _____

Camper 2. _____

Camper 3. _____

Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian _____ Phone Numbers (_____) _____

Emergency Contact _____ Relationship _____

Phone (_____) _____ Activity/Program _____

Activity is provided as a convenience to Parent/Legal Guardian. Parent/Legal Guardian agrees to read and cooperate with any and all rules and policies of the Activity, and understands that all sick or disciplinary rules will be enforced at the discretion of the Activity staff.

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Assumption Of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity, including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.

Release and Indemnity: In exchange for the Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release and indemnify the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence, design of the facility and/or equipment, or from any third party, whether on or off the Club's premises and including any transportation.

I and participant expressly waive and relinquish any and all claims, rights or benefits which may exist on our behalf under section 1542 of the Civil Code of the State of California, which provides as follows: "A general release does not extend to claims which the creditor (Participant) does not know or suspect to exist in Participant's favor at the time of executing the release, which if known by Participant must have materially affected Participant's settlement with the debtor (Club)."

Property Loss: All personal property brought to the activity is brought at the sole risk of the participant as to its theft, damage, or loss.

Medical: I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate.

Photograph Permission: I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

Severability: Any provision or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

Movies: I give permission for my child to participate in In House Field trips Featured Movies on Fridays.

Parent Signature _____ Date _____
Signature of Parent/Legal Guardian

EMERGENCY/MEDICAL TREATMENT

Camper 1. _____	Camper 2. _____	Camper 3. _____
Allergies _____	Allergies _____	Allergies _____
_____	_____	_____
Medications _____	Medications _____	Medications _____
_____	_____	_____
Medical History (ex., diabetes or epilepsy), Special Conditions/Needs _____	Medical History (ex., diabetes or epilepsy), Special Conditions/Needs _____	Medical History (ex., diabetes or epilepsy), Special Conditions/Needs _____
_____	_____	_____
_____	_____	_____

Family Physician _____ Phone Numbers (_____) _____

Insurance Company _____ Phone Numbers (_____) _____

Group/Policy No _____

Names of people to whom the Participant may be released.

_____ Relationship _____ Phone Numbers (_____) _____

_____ Relationship _____ Phone Numbers (_____) _____

_____ Relationship _____ Phone Numbers (_____) _____

Completed by _____ Date _____ Signature of Parent/Legal Guardian _____