



PGA Junior Golf Camps Medical Release 2016

I fully realize that injury or illness to my child may result from or during participation in the PGA Junior Golf youth camp. In case of injury or illness, I give permission for my child to be given medical treatment as deemed appropriate. I further give permission for the information provided on this form to be shared with appropriate medical personnel. I further give permission for and grant authority to the camp representatives to sign on my behalf the Notice of Privacy Practice that patients are required to receive in accordance with federal law. I understand and acknowledge that I will be responsible for any medical bills incurred by my child.

PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE