



# The Kelly Gibson Foundation Junior Golf Camp 2014 Registration Form

*June 3 – 5, 2014 at TPC Louisiana*

**ELIGIBILITY:** The Kelly Gibson Foundation would like to invite you to its 2014 Junior Golf Camp. The camp is open to both boys & girls aged 7 to 17 and will be held at TPC Louisiana (home of the PGA TOUR Zurich Classic of New Orleans in Avondale, LA) from 9:00am to 3:00pm daily. Camp registration is open to the first 60 applicants.

Make checks payable to *The Kelly Gibson Foundation*

Mail application with payment to:                      Payment Total: \$250  
*The Kelly Gibson Foundation*  
*P.O. Box 57478*  
*New Orleans LA, 70157*

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: **M** **F**

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PARENT/GARDIAN: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ WORK #: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIRT SIZE: **XS** **S** **M** **L** **XL** **XXL**

SHIRT TYPE: **YOUTH** **ADULT** **LADIES**





# THE KELLY GIBSON FOUNDATION JUNIOR GOLF CAMP WAIVER

PARTICIPANT NAME: \_\_\_\_\_

Please Print

Date: 6/3/2014 - 6/5/2014

Location: TPC Louisiana

Description of Activity: Junior Golf Camp

I/We, the parents/guardians of (PRINT PARTICIPANT NAME) \_\_\_\_\_, request that The Kelly Gibson Foundation allow my son/daughter to participate in the activity described. In consideration of my son/daughter's participation in this event and the benefits to them that are anticipated from such participation, Members, parents, and any relatives of members (Indemnitors) agree to indemnify and hold harmless The Kelly Gibson Foundation, its sponsors, and their respective agents, employees, owners, players, officials and staff ("Indemnitees") from and against, and to reimburse such Indemnitees with respect to, any and all loss, damage, liability, cost, or expense, including reasonable attorneys' and consultants' fees and disbursements, incurred by such Indemnitees by reason of or arising out of or in connection with any negligence or misconduct of the Indemnitors or their agents and/or players while members are participating in any event or function connected with The Kelly Gibson Foundation. I/we understand that volunteers may be attending this event and assisting in the supervision of my son/daughter. As a participant of The Kelly Gibson Foundation Summer Golf Camp you are authorizing the use of any photographs or likeness taken of the applicant named on this application during the participation of any Kelly Gibson Foundation event to be used by The Kelly Gibson Foundation for publicity purposes.

I/We have read, understand, and agree with the above statements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Emergency Phone Number: \_\_\_\_\_

Please list any pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

