



# Golf Camp Registration

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this page with the \$80 registration fee. Make checks payable to Siouxland Community Sports Medicine Foundation.

Sports Medicine Foundation  
Attn: Kevin Negaard  
575 Sioux Point Road  
Dakota Dunes, SD 57049

## WAIVER AND RELEASE

I \_\_\_\_\_ hereby waive and release any and all claims, demands, and causes of action which I may have or anyone may have through me, against CNOS, Siouxland Community Sports Medicine Foundation and/or \_\_\_\_\_ (school), for any injuries that may occur during the following dates of March 3<sup>rd</sup> through April 4<sup>th</sup>, 2008 and as related to the CNOS Power & Performance Programs. I further understand and acknowledge that neither CNOS nor the school shall have any responsibility or liability for lost, damaged, or stolen personal property.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Signature of parent of guardian  
(if participant is a minor)

For more information:  
Zach.Mathers@CNOS.net or 712.898.7408