



# Duke Golf School for Boys

Karcher-Ingram Golf Center, 3001 Cameron Blvd, Suite 1 Durham, NC 27705

Phone: 919-681-2494 Fax: 919-684-9730

Email: [dukegolfschool@gmail.com](mailto:dukegolfschool@gmail.com) Web: [www.dukegolfschool.com](http://www.dukegolfschool.com)

## DGS Student Profile 2018

### Session for Registration (Please Circle):

**Traditional \$1500** June 23-28, 2018

**Elite \$2525** 1 night stay at Washington Duke Inn  
July 30-31 OR August 2-3, 2018)

**\$2770** 2 night stay - both rates include 2 full days of instruction

Student's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

( )  
Cell Phone

( )  
Alternate Phone

( )  
Cell Phone

( )  
Alternate Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Secondary Information

Primary Email Address

Secondary Email Address

( )  
Student's Cell Phone

Grade in School Fall '17

Shirt Size (Adult size)

Average Score and/or Handicap

Roommate Request

How long have you played golf?

How did you hear about us?

Rate your current level of play (Beginner, Intermediate, Advanced)

**Website Email Word of Mouth Other**

## Arrival, Departure, Special Needs, and Conduct Agreement

Please list any additional information that you would like the DGS staff to know.

Anticipated arrival date and time of student

Arrival by automobile or by airplane

Anticipated departure date and time of student

Departure by automobile or by airplane

Registration Fee Included:

**Traditional \$500**

**Elite \$1000**

We understand that all students are required to confirm to Duke Golf School Rules of behavior and conduct and that serious or repeated violations may result in dismissal.

Student's Signature

Date



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Parent's/Guardian's Signature

Date

## Emergency Contact and Medical Information for Student

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  M  F

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

## Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, ST ZIP Code \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_

## Medical Information

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company & Group Name/Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.



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Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Duke Golf School to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Duke Golf School web site.

- Deny permission to use my child's image at all.
- Grant permission for **Unrestricted usage**: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Duke Golf School for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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## LIABILITY RELEASE FORM

We (I), the undersigned parent(s) or legal guardian of the child named below, do hereby give our (my) consent and permission for him to participate in activities and events sponsored by Duke Golf School and in consideration for such child's being allowed to participate in such activities and events, we (I), for and on behalf of our (my) child, do hereby:

(i) release, forever discharge and agree to indemnify and hold harmless Duke University, Duke University Golf Club, Duke Golf School, director, employees, agents and other representatives thereof from any and all liability and all claims, rights, causes of action and suits, including those for personal injury, sickness or death, of any kind and nature whatsoever, that I or my child, family, estate, heirs, or assigns may have, resulting, either directly or indirectly, from my child's participating in activities and events sponsored by Duke Golf School; and

(ii) assume all risk of personal injury, sickness, death, damage and expenses as a result of my child's participating in such activities and events; and

(iii) agree to hold harmless and indemnify Duke University, Duke University Golf Club, Duke Golf School, director, employees, agents and other representatives thereof for any liability or damage sustained as the result of the negligent, willful or intentional acts of my child, including all expenses related thereto.

Further, authorization and permission is hereby given to Duke Golf School (and any supervisor(s) of any such activities and events) to furnish any necessary transportation, food and lodging for my child as may be appropriate in any activity or event.

WE (I), THE UNDERSIGNED PARENT(S)/GUARDIAN, HAVE COMPLETELY AND CAREFULLY READ THE RELEASE PRIOR TO FREELY AND VOLUNTARILY SIGNING OUR (MY) NAME(S) BELOW. WE (I) FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. If any provision of this Release shall be found invalid or unenforceable, the validity of the remaining part of such provision or the validity of any other provision shall not be affected.

Name of child \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_