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**2025 WELLS COLLEGE GOLF CAMP**

**ALL PLAYERS WHO PARTICIPATE IN CAMP WILL RECEIVE AN INDIVIDUAL MEMBERSHIP FOR THE REST OF THE SEASON!**

**WHERE: Wells College Golf Club**

**WHEN: June 30th – July 3rd 2025**

**July 7th - 10th 2025**

**Camp runs from 8:30-1:30 each day**

**WHO: Ages 8 to 18 (no experience needed)**

**WHY: Golf is a great game you can play your entire life. Come and learn the game through individual instruction, on course play and games!**

**Camp is run by Coach Dennis Johnson who has been a P.E. teacher and multi-sport coach for over 25 years.**

**Wells College Golf Camp Registration Form 2025**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_ Grade level Fall ‘25:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camper’s phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special conditions that Wells College Golf Camp should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_ Camper will use personal golf clubs

\_\_\_\_Camper will need to rent clubs from WCGC. **Circle which hand. Right / Left**

Please check one:

\_\_\_\_\_Session 1: Monday – Thursday: June 30-July 3 2025

\_\_\_\_\_Session 2: Monday – Thursday: July 7-10, 2025

All campers must bring a lunch or they can purchase one at the clubhouse each day.

I have reviewed the camp information on the flyer and allow my child to participate in all activities. I also allow the staff at Wells College Golf Camp to make emergency medical decisions if I can’t be reached in sufficient time and authorize the staff of Wells College Golf Camp to contact the above Physician and, if necessary, to transport my child to the appropriate medical facility.

I hereby release and hold harmless: Wells College Golf Club, Aurora Golf, LLC, Dennis Johnson, and any other camp staff from any personal liability about my child’s well-being, as well as all claims for injury, loss, damage, accident or expense arising from or out of participating at Wells College Golf Camp.

I recognize that the Wells College Golf Club has the right to dismiss my child from the camp if that camper demonstrates continued inappropriate behavior.

Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment: Enclosed is a non-refundable payment of $180.00 per session. Checks should be made payable to Dennis Johnson and can be mailed to Wells College Golf Camp, c/o Dennis Johnson, 2569 Cook Road, Scipio Center, NY 13147.Questions? Please contact Dennis Johnson at #518-929-1963 or djj717@yahoo.com.