

**2025 COLLEGE SUMMER EXPERIENCE
OFFICIAL ENTRY APPLICATION & SIGNATURE RELEASE**



*Entries must be filled out on this OFFICIAL ENTRY APPLICATION and received by the **Methodist University PGA Golf Management Program** prior to the entry deadline. **Please make checks payable to: Methodist University PGA Program.** Please **Do not mail entries to PGA of America Headquarters.** Photocopied OFFICIAL ENTRY APPLICATIONS are acceptable. (PLEASE PRINT LEGIBLY.)*

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Area Code/Telephone _____

Birth Date _____

High School Graduation Year _____

Handicap Index or Average Score _____

E-mail Address _____

Parent or Guardian E-mail Address _____

Applicants Signature _____

___ Male ___ Female Shirt Size _____

Please mail this entry form and check to:

Methodist University PGA Golf Management
Attn: Bailey Stromberg
5400 Ramsey Street
Fayetteville, NC 28311

EVENT FEE: \$750 (does not include airfare)

Questions? Contact

Bailey Stromberg
Director of Recruiting
(910) 630-7278
bplourde@methodist.edu

Brock White, PGA
Director
(910) 630-7145
brwhite@methodist.edu

I wish to enter the 2025 PGA Golf Management Summer Experience event as noted on this application. The event will be held at Methodist University, in Fayetteville, NC, July 7 - July 10, 2025. **Event fee of \$750 does not include airfare. Registration Deadline: June 7, 2025**

The applicant and the parent/guardian certify: 1) that the applicant is a high school student, with a current USGA handicap of 18 or less; 2) that the conditions of entry have been read and understood and approval has been granted in submitting his/her entry; and 3) that the information given in this application is true to the best of his/her knowledge.

In consideration of the applicant's participation in The Methodist University PGA Golf Management College Summer Experience: 1) the applicant and the parent/guardian hereby release Methodist University, host golf courses of the event, sponsors and all of each company's respective officers, directors, employees, agents, subsidiaries and affiliates from any and all liability associated either with acts or omissions of such parties, or with accidents or injuries sustained by the applicant or parent/guardian in connection with the event; 2) the applicant grants and assigns his/her individual media/photo rights respecting participation in the event, without exception to the sponsor Methodist University. Applicant information will be used for internal purposes only in conjunction with Methodist University activities and programs.

Methodist University is committed to conducting this event within the parameters of the Americans with Disabilities Act. Students who request relief under the Americans with Disabilities Act and seek a reasonable accommodation for their disability during any part of this event shall be required to submit their request in writing to Methodist University on or before the entry deadline date for review and determination.

NOTARY

Parent/Guardian Signature _____ Date _____

(Seal) _____

Street Address _____

Signature _____

City, State, Zip Code _____

Date _____ My Commission Expires _____

MEDICAL RELEASE



ATTENDEE NAME: _____ AGE: _____

ATTENDEE ADDRESS: _____

Medical Release I, in my own behalf and on behalf of minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Program. In the event of such illness or injury, I authorize Methodist University to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the program and while traveling to and from the site for the Program whether or not the Program actually occurs.

Insurance and Medical Information I represent that any medication to which Minor is allergic or medications that Minor is currently taking as listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Methodist University will not administer any medications while the Minor is on site.**

Medications (if any): _____ Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Phone Number: (_____) _____

Minor Birthdate: ____/____/____ Insurance Company: _____

Insurance Company Address: _____ Phone Number: (_____) _____

Medical Insurance Policy/Group Number – REQUIRED: _____

Emergency Information: Name to contact: _____ Relationship to Minor: _____

Emergency Contact Address (include City/State/Zip): _____

Phone Number: (_____) _____ Cell Phone Number (_____) _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Methodist University and staff and students from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Program will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Program Rules I further acknowledge and understand that Methodist University has established rules and regulations pertaining to conduct, behavior, and activities of all Program participants by which Minor and I agree to abide during the program, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Program Rules. Minor and I understand that violation of the rules can result in dismissal from the Program with no refund. Minor and I understand that Sponsors may distribute samples of their products during the Program.

NOTARY

Parent/Guardian Signature

(Seal)

Date

Signature

Street Address

Date

City, State, Zip Code

My Commission Expires

SUMMER CAMP SCREENING FORM



NAME OF CAMPER: _____ **AGE:** _____ **SEX: Female or Male**

Please circle yes or no for the following. Space provided if you need to expand.

Chronic/Recurrent Illness?	YES	NO	
Hospitalization?	YES	NO	
Injuries Treated by Physician?	YES	NO	
Current Medications?	YES	NO	
Organs Missing?	YES	NO	
Heat Exhaustion/Stroke?	YES	NO	
Dizziness, Fainting, Convulsions And/or Headaches?	YES	NO	
Knocked Out?	YES	NO	
Concussion?	YES	NO	
Wear Glasses or Contacts?	YES	NO	
Hearing Defects?	YES	NO	
Dental Appliances Bridge/Braces/Cap/Plate?	YES	NO	
Cough/Pain?	YES	NO	
Problems with Liver, Spleen, Kidney?	YES	NO	
Hernia?	YES	NO	
Recurrent Skin Disease?	YES	NO	
Bone/Joint Injury? Sprain Dislocation?	YES	NO	
Injury that Caused a Missed Practice/Event?	YES	NO	
Allergy to Medications?	YES	NO	
Allergic Reactions?	YES	NO	
Tetanus Booster in the Last Year?	YES	NO	

The above information is current and correct to the best of my knowledge.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

EMERGENCY PHONE NUMBER: _____

CODE OF CONDUCT AUTHORIZATION



STUDENT NAME: _____

THIS FORM MUST BE COMPLETED AND SENT IN WITH THE OFFICIAL ENTRY FORM

The goal for each student attending our university program summer experience is to have an experience very close to what “real college” is all about. Living arrangements are set up in the university dorms, meals on campus, and educational classes will be actual on-campus settings. It is our goal to offer a successful program that leaves all the students excited about attending college to pursue a degree in PGA Golf Management. We want to open the student’s eyes to what a career in the golf industry has to offer.

In making this camp enjoyable and safe for everyone involved we that you review and understand the following guidelines for conduct:

1. Use proper and appropriate language
2. Respect the rights and privacy of others
3. Respect the property and facilities of the Methodist University campus
4. Wear appropriate attire (collared golf shirt and shorts/slacks)
5. Follow camp schedule (mealtime, lights out, etc.)
6. Do not engage in and physical, sexual, or verbal abuse
7. Students are encouraged to participate in all activities to the best of their ability
8. Students must stay with the group at all times, and may not leave the supervision of a counselor

I agree to abide by all regulations governing personal conduct and the use of the Methodist University property. I am aware that I am expected to cooperate and participate in camp activities. If I do not cooperate, or become a hindrance to the camp program, I understand I may be sent home.

Methodist University is a premiere PGA Golf Management University and we want every student to experience exactly what we have to offer.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____