

Lakes District Secondary School

PO Box 3000 Burns Lake, BC V0J 1E0
Telephone (250) 692-7733 Fax (250) 692-4231

LDSS Golf Club 2023

The Golf Club will be travelling to play/practice at various courses on the following days (we will alternate each week between going to the driving range and playing a course)

Friday May 19th – Willow Grove in Houston – Range Day – Leave @ 12.00 Noon
Return by 3:00 PM

Friday May 26th – Willow Grove in Houston – Play Day – Leave @ 9:00AM Return by 3:00PM

Friday June 2nd – Willow Grove in Houston – Range Day – Leave @ 9:00 AM Return by 1:00 PM

June 8th – Moly Hills in Fraser Lake – Play Day – Leave @ 9:00AM Return by 3:00PM

Each play day or practice day will have an associated cost for green fees or driving range balls, and rentals if needed. Players are responsible for bringing their own food or money for food. Players will be required to bring their own money and pay their costs for each trip. The cost will change depending on the course. I have included the costs below. Students will **NOT be under direct supervision at all times on Play Days**. If you have any questions or concerns regarding the Golf season please feel free to contact me at the school at 250-692-7733 or by email at slittle@sd91.bc.ca.

Thanks, Steve Little.

Costs

Willow Grove green fees: \$25/round

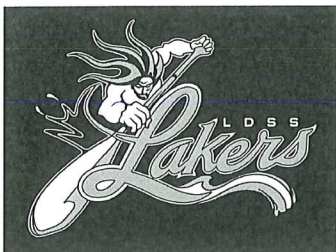
Rentals: Free

Range balls: \$5/bucket

Molly Hills Green fees: \$20/round

Rentals: \$10

School District No. 91 (Nechako Lakes) policy states that the school needs to inform parent/guardians of the inherent risks involved with golf and the rules that the students should adhere to while on a school trip. All school rules apply (i.e. no smoking, drinking, use of drugs, dress code, etc.)



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Address: _____

Date of Birth: _____

Care card number: _____

Emergency person: _____ Phone number: _____

Family Doctor: _____ Phone Number: _____

Medical Alerts:

Serious known allergies:

Precautions to be taken:

Known allergies to medications: _____

Allergy injections or drugs currently prescribed: _____

Daily medication required:	Yes	No	Name of drug
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- | | | | |
|-------------|-------|-------|-------|
| 1. Diabetes | _____ | _____ | _____ |
| 2. Epilepsy | _____ | _____ | _____ |
| 3. Other | _____ | _____ | _____ |

Is there any other information you feel we should know about your child?

Parent Signature: _____