



Valued Educational Services, Ltd.

Global Education for Youth and Young Professionals

Registration Form: Youth Golf Camp and Cultural Immersion

INSTRUCTIONS: Your nonrefundable Application Fee has or will be applied. Please read this Registration Form carefully, complete, and submit by **May 29, 2026** to admin@globalves.com. The Program Fee of £3200 is also due by **May 29, 2026**. Payment information is at the end of this form.

IMPORTANT: ALL information provided are kept CONFIDENTIAL and used solely for VES administrative purposes.

This Registration Form is for:

	Name of Youth Participant:	
	Parent/Guardian of Name(s):	

Parent/Guardian Authorization

Date:	
I hereby give my approval for my child's participation in all activities described in this summer program, July 16-26, 2026 in Scotland, and any substituted activity made by VES to meet the program's missions.	Parent/Guardian Signature:
VES does not discriminate on the basis of race, color, sex, handicap, religion or national origin. VES reserves the right at its sole discretion to refuse an application or dismiss a child from the program. No refund will be made of fees if the child has attended any portion of the VES summer program period.	Parent/Guardian Signature:



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I give VES permission to photograph and/or video my child **only during the activities described in this program** for public relations and/or marketing purposes. Photos and video will remain archived at VES and can be used for promotional purposes without notification.

Parent/Guardian Signature:

I give permission for VES to transport my child during the program activities described in the program booklet and if necessary, for medical care.

Parent/Guardian Signature:

I authorize VES management to act as the agent of the parents/guardians in any emergency situation or to administer basic first aid for the health and welfare of my child involved. I am responsible for the expenses involved if the services of a physician and/or hospital are required.

Parent/Guardian Signature:

Youth (your child) Participant Medical Information

Name (Last, First):

	Name (Last, First):
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Gender (Please check):

M F

Age:

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Birthday:

____ / ____ / ____
(month/day/year)

Doctor's information

General Physician's/
Pediatrician's Name
Phone No.

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Date of last
physical

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	Date of last tetanus shot	
	Is your child up to date on all required vaccines?	
Allergies (please put N/A if your child does not have an allergy)	1. Food 2. Medication 3. Insect 4. Other	1. _____ 2. _____ 3. _____ 4. _____
Medical information (please put N/A if your child does not have an medical conditions)	List any Medical conditions that your child has.	
	Will your child need to take any medications while attending the summer program?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, medication must be in their original pharmaceutical packaging and accompanied with a current prescription and a medical dispensing form from the doctor.</i>
	If Yes to the question above, list all medications, and explain how they are administered.	



	Does your child require an Epi-pen?	<input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, you must provide the program with an Epi-pen to be kept at the program during your child's enrollment. Epi-pen must be in its original pharmaceutical packaging and accompanied with a current prescription and a medical dispensing form from the doctor.</i>
<i>Restrictions (please put N/A if your child does not have any restrictions)</i>	Please share any specific activities to be restricted for health reasons?	
<i>Other health conditions</i>	If there are any other health conditions that the your child has, and the questions above did not address or cover, please state here.	

Informed Consent and Acknowledgement

In exchange for the acceptance of my child's candidacy by VES, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless VES and all its respective officers, agents, and representatives from any and all liability for injuries to my child arising out of traveling to, participating in, or returning from activities and excursions. In case of injury to my child, I hereby waive all claims against VES, and its affiliates including, the Directors, employees, auxiliary staff, sponsors, patrons, and if applicable, owners and lessors of premises used to conduct the program. There is a risk of being injured that is inherent in all excursion and travel activities.

Medical Release and Authorization

As Parent/Guardian of the named child, _____, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunizations for the named youth



participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician and VES's management to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to VES and its affiliates including, the Directors, employees, and auxiliary staff to provide the needed emergency treatment prior to my child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered period. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, _____, in my absence.

Cancellation Policy

Refunds (minus the Application Fee) will be granted for cancellation made by parents/guardians on or before June 7, 2026. Application and Program Fees will be refunded in all situations where the program is canceled by VES, except when there is a natural disaster, pandemic, and/or public health crisis. When an exception listed in the prior sentence occurs, VES will refund the difference between the participant's travel insurance payout and monies paid to VES. For purposes of this cancellation policy, a natural disaster, pandemic, and public health crisis shall have the meanings defined by the United Nations. If there is a cancellation by VES, it will be by May 30, 2026.

Confirmation

BY ACKNOWLEDGING AND SUBMITTING THIS COMPLETED REGISTRATION FORM, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.

Parent/Guardian Signature

Date



Submit Payment, £3200: (2 options)

1) Bank Transfer

Account Name: Valued Educational Services Limited

Bank Name: Bank of Scotland plc

BIC: BOFSGBS1SDP

IBAN: GB18 BOFS 8022 6024 6403 63

2) Online Payment

Click link: [VES Program Fee via PayPal](#)