Please insert a picture of your child here. Or include picture in a separate attachment in the email.

Valued Educational Services (VES)

Global Education for Youth and Young Professionals

www.globalves.com

Registration Form: 2027 Youth Golf and Cultural Immersion Camp

Program Fee: $3880.00
Application Fee: $1000 paid by December 15, 2026
Second Payment: $2880 paid by March 16, 2027

INSTRUCTIONS: Please read carefully and submit this completed form and the Application Fee by December 15, 2026, to admin@globalves.com. Payment instructions are on Page 7.

IMPORTANT: ALL information provided are kept CONFIDENTIAL and used solely for VES administrative purposes. Additionally, the Application Fee is nonrefundable, if you cancel because the Application Fee is used as a deposit paid by VES for pre-booking vendors, accommodation, etc. However, if VES cancels, VES will refund your full amount. Please see Cancellation Policy on Page 5.

To be completed by parent/guardian

Camper Information

	Name (Last, First):	
	Gender *(Please check)*:	☐ M ☐ F
	Age:	
	Birthday:	

Share what you would like us to know about your child.		

Parent/Guardian Information

Please list names and state relationship to youth participant.	Names (Last, First):	
	Primary Home Address:	
	Primary Mailing Address (if different from Home Address):	
	E-mail:	
Please list all relevant numbers.	Phone No:	H: W: M:
		What is the best no. to reach you? (*Please check all that apply*): ☐ Home ☐ Work ☐ Mobile

Camper's Medical Information		
Doctor's information	General Physican's/ Pediatrician's Name Phone No.	
	Date of last physical:	
	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?	☐ Y ☐ N *If yes, medication must be in their original pharmaceutical packaging and accompanied with a current prescription and a medical dispensing form from the doctor.*

	If Yes to the question above, list all medications, and explain how they are administered.	
	Does your child require an Epi-pen?	☐ Y ☐ N *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.*
Restrictions (please put N/A if your child does not have any restrictions)	Please share any specific activities to be restricted for health reasons?	
Other health conditions, learning challenges, etc.	If there are any other health conditions and/or learning challenges your child has, and the questions above did not address or cover, please state here.	

Parent/Guardian Authorization	
Date:	
I hereby give my approval for my child's participation in all activities described in this summer program, July 15-25, 2027 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:
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:

Emergency Medical Authorization:
In the event of a medical emergency, I hereby authorize VES's staff to obtain necessary medical treatment or hospitalization for my child. I agree that I am solely responsible for all financial costs and medical expenses associated with such care._____ (Initial)

Inherent Risk and Voluntary Assumptions:
I understand that participation in VES's Summer Program 2027, involves certain inherent risks, including but not limited to: physical exertion, outdoor exposure (dehydration, insect bites, etc.,) excursions, and transportation to and from events. I knowingly and voluntarily assume all such risks on behalf of myself and my minor child. _____ (Initial)

The Indemnity Clause:
I agree to indemnify, defend, and hold harmless VES and its agents from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities—including attorney's fees —brought as a result of my child's involvement in the camp, and to reimburse them for any such expenses incurred. _____ (Initial)

Release and Waiver:
To the fullest extent permitted by law, I hereby release, waive, and forever discharge VES its owners, directors, employees, and volunteers from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature,

occurring during my child's participation, **including claims based on the ordinary negligence** of the camp or its staff. I am fully aware of the risks and hazards, known and unknown, connected with participation in VES's Summer Program 2027, which may include, but is not limited to severe bodily injury and death. _____ (Initial)

Severability:
I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas. If any portion of this agreement is held to be invalid or unenforceable, the remaining terms shall continue in full legal force and effect. _____ (Initial)

Cancellation Policy:
Refunds (minus the Application Fee) will be granted for cancellation made by parents/guardians on or before April 16, 2027. The Application Fee is used as a deposit paid by VES to pre-booking vendors, accommodation, etc. Program Fee (which is inclusive of the Application Fee) will be refunded in ALL situations where the program is canceled by VES. If there is a cancellation by VES, it will be by May 15, 2027.

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 EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE TO THE ENTIRE APPLICATION.

_____ _____

Parent/Guardian Signature Date

Payment Instructions:

1) For payment by bank transfer, please use the following:

Bank: Wells Fargo Bank, N.A.

Account Name: Valued Educational Services, LLC

Account Number: 1691996795

ACH Routing Number (Direct Deposits & Electronic Payments): 111900659

Domestic Wire Transfer Routing Number (ABA): 121000248

Please use the appropriate routing number depending on whether your bank processes the payment as an ACH transfer or a domestic wire transfer.

2) For payment via PayPal, please use the following link:

Click: VES 2027 Camp Application Fee

Click: VES 2027 Camp Remaining Fee