



# The Colts Neck Golf Club

## The New Jersey Golf Performance Academy

### 2018 Junior Golf Registration Form

(Circle Program)

Gallop I

Gallop II

Gallop III

Fall Clinics

**Half-Day Camp Week: June 11-15** \_\_\_\_\_ / **June 18-22** \_\_\_\_\_ **Camp/Week #** \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Member No. (if applicable) \_\_\_\_\_

Age(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

Is there any specific information or instructions we need to know with regard to your child / children?

\_\_\_\_\_

***INDEMNIFICATION:** I agree to allow my child / children to participate in any activity sponsored by the New Jersey Golf Performance Academy at The Colts Neck Golf Club in the above program. I agree to assume all risk and hazards incidental to such participation and release, absolve, and indemnify any claim arising out of injury to my child / children. I also agree to return all equipment issued to my child / children in good condition, except for normal wear and tear, or pay the current replacement costs.*

<b>MEDICAL RELEASE CONSENT AND MEDICAL INSURANCE INFORMATION</b>	
I hereby certify that my child/children is/are in good health, has/have had a recent physical and may participate in activities at The Colts Neck Golf Club. In the event of an emergency, I give my permission to my child / children's instructor for my child / children to be given treatment at a local hospital.	
_____	
Signature of Parent or Guardian	
INSURANCE COMPANY:	PHYSICIAN:
ID NUMBER:	PHYSICIAN PHONE:

**Enclosed is a \$250 NON-REFUNDABLE deposit (payable to The Colts Neck Golf Club) PER SESSION, PER CHILD, and agree to pay the balance on the first day. Weekly reservations must be made for the coming week by Sunday 3:00 pm or be charged a \$50.00 late registration fee, which will also apply to any walk-ons not registered.**

**Total deposit enclosed:** \_\_\_\_\_ Please charge my account (please check if applicable) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name On Card \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_