

The Colts Neck Golf Club The New Jersey Golf Performance Academy 2020 Junior Golf Registration Form

(Circle Program)

5-Day Summer Camp 9am – 3pm: (\$600)

Week 2: 7/6 - 7/10 Week 3: 7/13 - 7/17 Week 4: 7/20 - 7/24

Week 5: 7/27 – 7/31 Week 6: 8/3 - 8/7 Week 7: 8/10 - 8/14 Week 8: 8/17 - 8/21 Fall Clinics: Sep 14th-Oct 7th (\$300)

Student Name(s): ______ Member No. (if applicable) _____ Age(s): _____ Date(s) of Birth: Name of Parent/Guardian EMAIL: Address: ____ Telephone 2: Telephone 1: EMAIL: Emergency Contact Numbers: Is there any specific information or instructions we need to know regarding 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. MEDICAL RELEASE CONSENT AND MEDICAL INSURANCE INFORMATION 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 PHYSICIAN: INSURANCE COMPANY: ID NUMBER: PHYSICIAN PHONE: Weekly reservations must be made 10 days in advance with payment and complete registration or a \$50.00 late registration fee will be applied. Total amount enclosed: ______ Please charge my account (please check if applicable)______ Credit Card # _____ Expiration____ CVV_ Zip Code_____ Name On Card

Revised 05/31/20

Parent/Guardian Signature ______ Date _____