The Colts Neck Golf Club
The New Jersey Golf Performance Academy
2021 Junior Golf Registration Form

(Circle Program)

Spring Clinics

Monday & Wednesday 4:00pm- 5:30pm: *($325)*

Clinic 1: *4/5 - 4/28* **Clinic 2:** *5/3 - 5/26* **Clinic 3:** *6/7 - 6/30*

Half Day Camps:12:00pm-3:00pm *June 14th-June 18th ($325)*

5-Day Summer Camp 9am – 3pm: *($650)*

Week 1: *6/21 - 6/25* **Week 2:** *6/28 - 7/2* **Week 3:** *7/5 - 7/9* **Week 4:** *7/12 - 7/16*

Week 5: *7/19 – 7/23* **Week 6:** *7/26 - 7/30* **Week 7:** *8/2 - 8/6* **Week 8:** *8/9 - 8/13*

Fall Clinics: *Sep 13th-Oct 6th ($325)*

Student Name(s): _____ Member No. *(if applicable)* _____

Age(s): _____ Date(s) of Birth: _____

Name of Parent/Guardian _____ EMAIL: _____

Address: _____

Telephone 1: _____ Telephone 2: _____

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

INSURANCE COMPANY:	PHYSICIAN:
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 _____

Parent/Guardian Signature _____ Date _____

Revised 01/05/21