



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

(Circle Program)

Spring Clinics *(Sold out)*

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) *(Sold out)*~~

5-Day Summer Camp 9am – 3pm: (\$650) *(All Camps Sold out)*

~~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