



**The Colts Neck Golf Club
The New Jersey Golf Performance Academy
2022 Junior Golf Registration Form**

(Circle Program)

Spring Clinics

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

Clinic 1: 4/4 - 4/27 Clinic 2: 5/2 - 5/25 Clinic 3: 5/30 - 6/22

Half Day Camps: 12:00pm-3:00pm *June 13th-June 17th* (\$325)

5-Day Summer Camp 9am – 3pm: (\$650)

Week 1: 6/20-6/24 **Week 2:** 6/27 - 7/1 **Week 3:** 7/4 - 7/8 **Week 4:** 7/11 - 7/15

Week 5: 7/18 – 7/22 **Week 6:** 7/25 - 7/29 **Week 7:** 8/1 - 8/5 **Week 8:** 8/8 - 8/12

Fall Clinics: *Sep 12th-Oct 5th* (\$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:

Spots are limited in all sessions. Payment due at the time of registration to secure spot.

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 01/05/22