



The Colts Neck Golf Club

The New Jersey Golf Performance Academy

2023 Junior Golf Registration Form



(Check Program(s))

Spring Clinics: Monday & Wednesday 4:30pm- 6:00pm: (\$400)

Clinic 1: 4/3 - 4/26 Clinic 2: 5/1 - 5/24 Clinic 3: 5/29 - 6/21

Half Day Camps: 12:00pm-3:00pm June 12th-June 16th (\$400)

5-Day Summer Camps 9am – 3pm: (\$750)

Week 1: 6/19 – 6/23 Week 2: 6/26 – 6/30 Week 3: 7/10 – 7/14
 Week 4: 7/17 – 7/21 Week 5: 7/24 – 7/28 Week 6: 7/31 – 8/4 Week 7: 8/7 – 8/11

Fall Clinics - Sep 11th-Oct 4th Monday & Wednesday 4:30pm- 6:00pm: (\$400)

Student(s) Name(s): _____ Member No. (If Applicable): _____

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

Name of Parent/Guardian: _____ Email: _____

Address: _____ Primary Phone: _____

Secondary Phone: _____ Emergency Contact: _____

Is there anything specific information or instructions we need to know to 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: \$ _____ Payment: CC: Check:

Received On: ____ / ____ / _____ By: _____

Please make checks payable to Colts Neck Golf Club. Credit Card payments must be made in person.

Contact cngtheadpro@gmail.com with any questions.

Revised: 01/03/2023