



# The New Jersey Golf Performance Academy 2009 Junior Golf Registration Form

(Circle Program)

Gallop I

Gallop II

Fall Clinics

CNSF Clinics I

CNSF Clinics II

**Camp/Week #** \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Member No. (if applicable) \_\_\_\_\_

Age(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

Is there any specific information or instructions we need to know with regard to 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, 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:

**How did you hear about the program?**

Print Ad

Online

Word of Mouth

**I have enclosed a \$150 NON-REFUNDABLE deposit PER SESSION, PER CHILD, and agree to pay the balance of the fee on the first day of the selected session.**

**Total deposit enclosed:** \_\_\_\_\_ Please charge my account (please check if applicable) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_