

20__ Paradise Golf Center Junior Golf Camp Registration Form

Please complete an application for EACH CHILD and for EACH SESSION
A camp session is \$310. Additional siblings, \$279.

Date of Camp _____ Camp Number #1 #2 #3 #4 #5

Name _____
Last First MI

Address _____
Street City State Zip

School _____ Age _____ Sex: M F

Phone _____ E-mail _____

Name of Parent/Guardian _____
First Last

Relationship to Child _____ Work # _____

Home # _____ Cell # _____

Does your child have any allergies or special needs? If so, please list below:

Group your child with a fellow camper? Name: _____

Child has played: No golf a little golf a lot of golf

Club Rental: Yes No Left handed Right handed

T-Shirt size: _____

We accept Cash, Credit Cards, or Checks. Please make checks payable to:

Paradise Golf Center

56 Route 12 (Frenchtown- Flemington Rd) Flemington, NJ 08822

phone: 908.788.3768 fax: 908.788.0629

A \$50.00 non-refundable deposit is required at registration with the balance paid 2 weeks prior to the start date of your camp session. To fulfill this registration, please send in this completed registration and waiver form along with your payment. Complete forms are necessary for each individual camper and for each camp attended. PLEASE FILL OUT REVERSE SIDE!!

For internal use only

\$ 50.00 DEPOSIT REQUIRED

Total Amount Received: _____ Cash Credit Card Check # _____
(Circle payment method)

Date Received _____ Sales Receipt # _____

Employee Name _____

Paradise Golf Center Junior Golf Camp Release and Waiver Form

Welcome to Paradise Golf Center. The purpose of this form is to inform you of your rights when participating in physical activity at Paradise Golf Center.

Any program of physical activity will involve a certain amount of strenuous exercise and personal risk.

Please provide on the bottom of this form, the name(s) and address(es) of person(s) to notify in the case of an emergency while your child is attending camp.

In consideration of the content of Paradise Golf Center, I hereby assume all risk of injury or damage to my property, whatever occurring, and however long said physical activity course may continue, and I hereby release the Paradise Golf Center, its officers, agents, or employees from any and all claims and demands or liabilities for any injury to my child, including death; or to my property in any way arising out of incidental activity course, except such injuries or damage caused solely by the gross negligence or willful misconduct of officers, agents, or employees of the facility.

Please note: Paradise Golf Center does not provide any insurance coverage for students enrolled in this program.

I have read and understand, the above information regarding my child's participation in the Junior Golf Camp program at Paradise Golf Center.

Parent Name _____
Please Print

Signed by _____
Parent/ Guardian Signature Date

Child's Name _____
Please Print

Emergency Contact During Camp Time- Must Complete

Name _____

Relationship _____ Phone # _____ Cell # _____

Address _____ City _____ Zip Code _____

Name _____

Relationship _____ Phone # _____ Cell # _____

Address _____ City _____ Zip Code _____