

Cantiague Golf Camp

2015 Registration

Camper's Name _____

Camper's Address _____

Camper's Phone _____ Email _____

Camper's Age ____ Date of Birth _____

Name of guardian picking up child _____

Name of alternate guardian _____

Emergency daytime phone number _____

Starting Date of Camp Attending _____

Deposit _____ Date received _____

(\$200 non-refundable deposit)

*Checks should be made out to: **Mike Reilly Golf**

Send to: Long Island Golf Camps

1594 August Road

North Babylon, NY 11703

*Payment is due in full on the first day of camp.

Permission and Waiver:

My child is in good health and permitted to participate in this golf camp. I authorize camp officials to act on my behalf in the event emergency medical treatment is needed and I cannot be contacted. Further, I hereby waive and release the Peninsula Golf Club, Mike Reilly, and camp staff members from any liability for illnesses or injuries that may occur during the camp, and I understand and will cooperate with the camp "poor weather policy."

(Signature of Parent or Guardian)

(Date)