

Peninsula Golf Camp

2016 Registration

Camper's Name _____

Camper's Address _____

Home 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 payable to: **Mike Reilly Golf**

Send to:

Long Island Golf Camps

370 West Broadway Apt. 2D

Long Beach, NY 11561

*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, including but not limited to being struck by a golf ball or golf club, and I understand and will cooperate with the camp "poor weather policy."

(Signature of Parent or Guardian) (Date)