

# Advanced Junior Program

Operated by Long Island Golf Camps [www.longislandgolfcamps.com](http://www.longislandgolfcamps.com)

## 2016 Registration Form

Please fill in all fields

Golfer's Name \_\_\_\_\_

Golfer's Address \_\_\_\_\_

Golfer's Phone \_\_\_\_\_ Email \_\_\_\_\_

Golfer's Age \_\_\_\_ Date of Birth \_\_\_\_\_

Name of guardian picking up child \_\_\_\_\_

Name of alternate guardian \_\_\_\_\_

Emergency daytime phone number \_\_\_\_\_

Course Attending Class: Peninsula \_\_\_\_\_

Payment Amount \_\_\_\_\_ Date sent \_\_\_\_\_

(Program cost is \$850)

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

Send to: Long Island Golf Camps

370 West Broadway Apt. 2D

Long Beach, NY 11561

\*Payment is due in full with registration.

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### 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 have read and agree to the Liability Waiver Agreement on the [longislandgolfcamps.com](http://longislandgolfcamps.com) website and I understand and will cooperate with the camp "poor weather policy."

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)