

After School Novice Program

Operated by Long Island Golf Camps www.longislandgolfcamps.com

2017 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 _____ Babylon _____

Payment Amount _____ Date sent _____

(Program cost is \$300)

*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.

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 website and I understand and will cooperate with the camp "poor weather policy."

(Signature of Parent or Guardian)

(Date)