

# Peninsula Golf Camp

## 2017 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.

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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, 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)