

Paradise Golf Center Junior Golf Camp Registration Form

COST: \$499.00 PER CHILD 10% OFF EACH ADDITIONAL CHILD

Please complete an application for EACH CHILD and for EACH SESSION

Name _____
Last First MI

Address _____ City _____

State _____ Zip _____ School _____ Age _____ Sex (M)(F)

Phone _____ E-mail _____

Name of Parent or Guardian _____
Last First

Relationship to Child _____ Work # _____

Home Phone _____ Cell Phone _____

Does your child have any allergies or special needs? If so, please list below:

Date of Camp _____ Camp Number _____

Does your child wish to be grouped with a friend in the same camp? _____

Child has played: No golf _____ a little golf: _____ a lot of golf _____

Club Rental: Yes _____ No _____ Left handed _____ Right handed _____

Please make checks payable to:

Paradise Golf Center

56 Route 12

Flemington, NJ 08822

We accept Cash, Credit Cards, or Checks

To fulfill this registration, please send in your complete registration and waiver forms along with your cash or check payment. Complete forms are necessary for each individual camper and for each camp. **PLEASE FILL OUT REVERSE SIDE!!**

For internal use only	\$ 50.00 DEPOSIT REQUIRED
Total Amount Received: _____ Cash Credit Card Check # _____ (Circle payment method)	
Date Entered in POS _____ Sales Receipt # _____ Employee	
Name _____	

Welcome to Paradise Golf Center. The purpose of this form is to inform you of your rights when participating in physical activity at Paradise Golf Center.

Any program of physical activity will involve a certain amount of strenuous exercise and personal risk.

Please provide on the bottom of this form, the name(s) and address(es) of person(s) to notify in the case of an emergency while your child is attending camp.

In consideration of the content of Paradise Golf Center, I herby assume all risk of injury or damage to my property, whatever occurring, and however long said physical activity course may continue, and I herby release the Paradise Gold Center, its officers, agents, or employees from any and all claims and demands or liabilities for any injury to my child, including death; or to my property in any way arising out of incidental activity course, except such injuries or damage caused solely by the gross negligence or willful misconduct, of officers, agents, or employees of the facility.

Please note: Paradise Golf Center does not provide any insurance coverage for students enrolled in this program.

I have read and understand, the above information regarding my child's participation in the Junior Golf Camp program at Paradise Golf Center.

Parent Name _____
Please Print

Signed by _____ Date _____
Parent/ Guardian

Childs Name _____
Please Print

Emergency Contact During Camp Time- Must Complete

Relationship _____

Name _____ Phone # _____ Cell # _____

Address _____ City _____

Please complete an application for **EACH CHILD** and for **EACH SESSION**

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