

# Paradise Golf Center Junior Golf Camp Registration Form

**COST: \$350.00 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	<b>\$ 50.00 DEPOSIT REQUIRED</b>
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**

Paradise Golf Center Junior Golf Camp Reg