

Golf Camp at King Ferry Golf Club Registration Form 2022

Camper's name: _____

Age: _____ Gender: _____ Grade level Fall '22: _____

Camper's email address: _____ Camper's phone: _____

Camper's Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____ Guardian's Phone: _____

Parent/Guardian's Address: _____

Emergency Phone Number(s): _____

Physician: _____ Phone: _____

Please list any special conditions that King Ferry Golf Camp should be aware of: _____

____ Camper will use personal golf clubs

____ Camper will need to rent clubs from KFGC

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Please check one:

____ Session 1: Monday – Thursday: June 27 – 30, 2022

____ Session 2: Monday – Thursday: July 18 – 21, 2022

I have reviewed the camp information on the website and/or flyer and allow my child to participate in all activities. I also allow the staff at King Ferry Golf Camp to make emergency medical decisions if I can't be reached in sufficient time and authorize the staff of King Ferry Golf Camp to contact the above Physician and, if necessary, to transport my child to the appropriate medical facility.

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I hereby release and hold harmless: King Ferry Golf Club, Dennis Johnson, and any other camp staff from any personal liability about my child's well-being, as well as all claims for injury, loss, damage, accident or expense arising from or out of participating at King Ferry Golf Camp. King Ferry Golf Club will adhere to NY State Health and CDC Guidelines.

I recognize that the King Ferry Golf Camp has the right to dismiss my child from the camp if that camper demonstrates continued inappropriate behavior.

Guardian's signature _____

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Payment: Enclosed is a non-refundable payment of \$180.00. Checks should be made payable to Dennis Johnson and can be mailed to KFGC Golf Camp, c/o Dennis Johnson, 2569 Cook Road, Scipio Center, NY 13147.

Questions? Please contact Dennis Johnson at #518-929-1963 or djj717@yahoo.com.