

Golf Camp at King Ferry Golf Club Registration Form 2017

Camper's name: _____

Age: _____ Gender: _____ Grade level Fall '17: _____

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 _____ Left and _____ Right

Please check one:

____ Session 1: July 10 - July 14, 2017

____ Session 2: July 17 - July 21, 2017

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.

I hereby release and hold harmless: King Ferry Golf Club, Dennis Johnson, and any other camp staff from any personal liability with regard to 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.

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 name: _____

Guardian's signature: _____

Payment: Enclosed is a non-refundable payment of \$150.00. 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.