

Tom Rosati Golf Academy at Great River Golf Club
GOLF CAMP and CLINIC REGISTRATION FORM 2023

Name of Student: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Work Phone: (_____) _____ (Parent/Guardian)

Email _____ Emergency Contact Name: _____

Relationship to student: _____ Emergency Contact Number: _____

Physician's Name: _____ Address: _____ Phone: _____

Age _____ Ability Level (beginner, intermediate, advanced) _____

Please sign my child up for the following program(s):

Clinic Programs: Regular Price \$200, Members \$180, SHU Alumni and Faculty \$160

Spring Clinic: Sundays-Apr 30th, May 7th, 14th, & 21st

- Ages 11-14, 9:15-10:30
- Ages 7-10, 10:45-12

Summer Clinic: Tuesday-Friday Aug 8th-11th

- Ages 7-10, 8:30-10:00
- Ages 11-14, 10:15-11:45

Fall Clinic: Sundays - Sept 10th, 17th, 24th, & Oct 1st

- Ages 11-14, 9:15-10:30
- Ages 7-10, 10:45-12

Half Day Camps: (Ages 8-16) Regular Price \$400, Members \$370, SHU Alumni and Faculty \$350

- June 26-30 9:00-12:00
- August 14-18, 9:00-12:00

Players Camp: (Ages 11-18) Regular Price \$700, Members \$650, SHU Alumni and Faculty \$600

- Wednesdays July 5th-August 9th, 2-4:00

Payment Method

Payment is due in full with completed application.

Please refer to "Terms and Agreement" regarding refunds and cancellations.

Select:

____ Cash ____ Check (Payable to "Tom Rosati Golf Academy") ____ Credit Card

CC Number: _____ Name on Card: _____ Exp date: _____

Amount Due: _____ Date: _____

Mail or Fax Application: Great River Golf Club (Att. Tom Rosati)
130 Coram Lane Milford CT 06461
Phone (203) 876-8051 Fax (203)876-7832

CAMPER'S NAME _____

Tom Rosati Golf Academy at Great River Golf Club
GOLF CAMP RELEASE AGREEMENT

In consideration of my minor child/ward _____ ("my child") being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMINIFY, AND HOLD HARMLESS, the Camp, Great River Golf Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for activity ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, regarding my child and/or arising from his/her activities, whether arising from negligence of the releasees or otherwise, to the fullest extent of the law.

I have read this health form and related certifications, the release of liability and assumption of risk agreement, fully understand their terms, understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

Parent or Guardian: _____

Date: _____

ENROLLMENT

CANCELLATIONS/REFUNDS

No refund of the deposit or tuition balance shall be permitted except in strict conformity to the following: Camper must notify "Great River Golf Club" at least one month prior to the start date of his/her camp session that he/she will be unable to attend for any reason. Once received, a full refund will be made of all fees previously paid. Inside one month of the date of the program, the camper will lose a fee of 50% of the program tuition total. Inside 2 weeks, the camper will be charged in full.

Parent/Guardian of camper agrees that no deductions are to be made from the tuition for a camper arriving late, leaving early, or missing any portion of the camp session. No refunds will be given for campers dismissed for disciplinary actions or misconduct. Great River Golf Club reserves the right to dismiss, without refund, any camper whose influence is deemed detrimental to the camp.

MEDICAL INFORMATION

All campers must have adequate medical insurance to covers all medical expenses incurred while at camp. Great River Golf Club is hereby granted permission to secure any medical and/or surgical treatment and hospital service for my child.

PERSONAL PROPERTY

Great River Golf Club recommends that no valuable items, including but not limited to, video games, watches, radios, be brought to camp. Great River Golf Club will not be held responsible for any type of lost or damaged personal possessions.

CONSENT

I give permission for my child to participate in all camp sponsored activities. I understand these activities might have an element of risk to them, however, I release Great River Golf Club its directors, agents and staff from any legal actions or claims that my child, I, or the legal guardian might have for the damage or injury to the child or to the child's personal property. This agreement, and any disputes or claims against Great River Golf Club, its directors, agents and staff, shall be interpreted, governed and constrained by laws and courts of the state of Connecticut, and all legal actions shall be under the jurisdiction of the state of Connecticut.

Acceptance according to the above terms and conditions

Parent/Guardian: _____

Date: _____

CAMPER'S NAME _____

Tom Rosati Golf Academy at Great River Golf Club
GOLF CAMP HEALTH AND RELEASE FORM

Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Email _____

My Phone Number while named camper is at camp (if different from above) _____

Person to contact in the event I cannot be reached _____

Phone Number: (____) _____ Relationship to camper: _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

I have read all registration information and fully understand the obligations stated therein and also the rights of Great River Golf Club and hereby agree to act in accordance. I further understand that Great River Golf Club retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed: _____ Printed: _____ Date: _____

Mail or Fax Application:
Great River Golf Club
130 Coram Lane Milford CT 06461
Phone (203) 876-8051 Fax (203)876-7832

This form needed only for Full Day Camp Programs
Use this form if you don't have an immunization form from your doctor

Physical Exams Are Valid For 3 Years

From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
 _____ May participate except for:

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed _____ Telephone Number _____