

---

# Gold Coast Golf Center

Performance & Learning Center

@ The Town of Oyster Bay GC

516.682.4PRO (4776)

---

## **Junior Golf Camp 2010 Registration Form**

The Gold Coast Summer Golf Program is the premier golf instructional training program for junior golfers. Instructional components include the short game program, full swing program, and computer-video analysis. Also included is on-course instruction, unlimited range balls during camp hours, and play on the Oyster Bay golf course. Students participate in a co-educational instructional golf program and are grouped by age and ability.

### **REQUIREMENTS**

Participants must be between 5 and 17 years old, currently play golf, have their own set of golf clubs, and be capable of carrying their own golf bag when playing on the golf course.

### **ENROLLMENT**

This Summer Program will be available the weeks starting June 14, 2010 through August 30, 2010. The program is broken down into 12 weekly sessions. The weekly program includes all daily instruction, range balls, green fees, lunch, skills contests, prizes, course play. Please note that Kosher meals or any other special diets are not available; they must be supplied by the participant at their expense.

The cost of each weekly session is \$\_\_\_\_\_ per participant. A \$300 deposit (non-refundable if you cancel within three weeks of session start date) is due at registration; final payment is due three weeks prior to the start of a session. Space in each session is limited to the first paid twenty-four (24) participants. Since weekly programs are limited, they are available on a first-come basis. **A multi-week discount is given for each week if the student pre-registers for three or more weeks.**

### **PLEASE SEE 2010 FEE SCHEDULE FOR OTHER DISCOUNTS AND 3, and 4 Day RATES**

Camp Type: \_\_\_ Advanced \_\_\_ Full Day \_\_\_ Transitional \_\_\_ Half Day Camp \_\_\_ Spring Break

How many weeks will you attend? (1-12) \_\_\_\_\_

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

Week of: \_\_\_\_\_ Number of Days: \_\_\_ 3 Day \_\_\_ 4 Day \_\_\_ 5 Day

### **CANCELLATION AND REFUND POLICY**

The information contained in this Cancellation and Refund Policy supersedes any verbal or other written information that anyone may receive regarding this policy.

Participants are responsible for being present all days of their session. If a participant misses any day(s), there will be no make-ups in another session or monetary refund given. Our cancellation policy allows for a student to reschedule their entire session only for medical reasons either to a different session in 2010, or if unavailable, to their choice of session in 2011. All deposits or paid for in-full sessions are non-refundable.

### **RAINOUT POLICY**

In the event a full day of camp is cancelled due to weather or facility being closed, the camper may make up the day in a future session.

### **LIABILITY WAIVER FOR PARENT OR LEGAL GUARDIAN CONSENT FOR PARTICIPATION IN THE GOLD COAST SUMMER GOLF PROGRAM**

As a parent or legal guardian of \_\_\_\_\_, I give my consent and approval for \_\_\_\_\_ to participate in the Gold Coast Summer Golf Program on \_\_\_\_\_, at the Gold Coast Golf Center at Oyster Bay.

I also recognize and acknowledge that certain risks of personal injury may exist and I further agree to:

- Assume the full risk of any such injuries, damages, or losses that the participant may sustain as a result of participation in this program.
- Fully release and discharge The Gold Coast Golf Center at Oyster Bay, its officers, agents and employees from all claims from injuries, damages or loss that the participant may suffer on account of participation in said program.
- Indemnify and hold harmless The Gold Coast Golf Center at Oyster Bay, its officers, agents and employees from all claims, suits, actions, injuries, damages and losses sustained by participant and arising out of, connected with, or in any way associated with the participant's participation in said program.

### **RELEASE**

I authorize The Gold Coast Golf Center, Inc. to use all photography or videos of myself or the participant, taken in the course of instruction, for advertising and/or promotional purposes.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **STUDENT INFORMATION**

Golfers Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ M/F  
Parent(s): Mother \_\_\_\_\_ Father \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Does the applicant have any health problems that may limit physical activity? If Yes, please explain** \_\_\_\_\_

**Is the applicant currently under the care of a Physician? If Yes, please explain** \_\_\_\_\_

**Is the applicant on any medication program? If Yes, please explain** \_\_\_\_\_

**Is the applicant allergic to any food or have any other food restrictions? If Yes, please explain** \_\_\_\_\_

### **FAMILY INFORMATION**

Parent (Guardian) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cellular # \_\_\_\_\_  
Who is to be contacted in case of emergency?  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### **PAYMENT INFORMATION**

Business or Personal Check # \_\_\_\_\_ Amount (\$) \_\_\_\_\_  
If paying the registration fee by credit card, I authorize The Gold Coast Golf Center to charge my credit card.  
Credit Card (circle one) - Visa MasterCard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_  
Amount authorized to be charged in dollars (\$) \_\_\_\_\_ Billing Zip \_\_\_\_\_  
Name on Card \_\_\_\_\_ Authorization Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

### **STATEMENT OF AGREEMENT**

I have fully read and understand the foregoing two pages (2). By signing below, I certify the information provided on all pages of this registration is accurate and true to the best of my knowledge. If accepted, I and the participant agree to abide by the Academy Code of Conduct, including:

- *Refrain from the use of alcohol, tobacco or illegal drugs: \_\_\_\_\_*
- *Treat other participants, the staff and all people associated with this program with courtesy, dignity, respect and to refrain from language or conduct which may bring myself into disrepute: \_\_\_\_\_*
- *Follow the rules of good sportsmanship, and comply with any course dress code;*
- *Apply myself with diligence and dedication to become the best student, athlete, and person I can be.*

Name of Parent or Guardian (Print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

Signature of Parent or Guardian \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

### **FOR OFFICE USE ONLY**

Received by: Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2010

# Golf Camp/Clinic

Terms and Conditions  
2010

Dear Student/Parent/Guardian

In order for the Gold Coast Golf Center to best serve you and the entire program, we have established terms and conditions that we ask you recognize.

A safe and enjoyable environment is most important to each clinic. We have a ZERO TOLERANCE Policy at the Gold Coast Golf Center. Please, see what is expected from each and every student.

- Listen closely to the welcome speech
- NO Swinging Golf Clubs unless directed by Professional
- During transportation in golf cart-NO pushing or clowning around, backs against the seat, feet and hands inside
- the cart until the cart comes to a full and complete stop
- Respect other students abilities and needs
- NO Running or Leaving the Group

If the guidelines are not followed the student will be removed from the session and or the class. No refund will be given if the student is in violation of policies.

Occasionally a class session may have to be cancelled due to unforeseen circumstances beyond our control. If the weather or conditions are in question to you about the class being conducted, we ask for you to call to see if the class will in fact be conducted. Please, do not rely on us to call you. Also, please call to notify us if you child will not be able to attend a class so we can notify the instructor of his/her absence.

In the event a weekly class session is cancelled due to weather or facility closings, the session will be added onto the end of the program, keeping the same day and time schedule.

If the student is not able to attend a class session, no make ups are permitted.

## **DROP-OFF**

In order for the instructors to keep the class schedule, it is very important for the child to arrive at least five minutes prior to the start of the class.

## **PICK-UP**

FOR THE SAFETY OF YOUR CHILD/STUDENT

Parents/Guardian must be present at least five minutes prior to the completion of the class session for pick-up. *IF FOR ANY REASON YOU ARE NOT ABLE TO BE ONTIME FOR PICK-UP, YOU MUST NOTIFY THE GOLF PROSHOP @ 516-682-4776.*

Thank you for understanding and cooperation

Douglas L. Miller  
PGA Head Golf Professional  
Gold Coast Golf Center  
516-682-4(PRO)  
[www.goldcoastgolfcenter.com](http://www.goldcoastgolfcenter.com)  
[info@goldcoastgolfcenter.com](mailto:info@goldcoastgolfcenter.com)

I have read and understand the above terms and conditions  
Parents Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Students Initial: \_\_\_\_\_ Date \_\_\_\_\_