

2017 | CRCC SUMMER CAMP | REGISTRATION

CAMPER INFORMATION (one form per camper)

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

T-Shirt Size: Child S _____ M _____ L _____ OR Adult S _____ M _____ L _____ Preferred Hand: L _____ R _____

Parent/Guardian Name(s): _____ Phone: _____

Member: Member Number _____ Non-member: Referred by _____

CAMP OPTIONS

CAMP	DAYS	TIME	AGES	FEES Mem / Non-Mem	SESSIONS									
					1	2	3	4	5	6	7	8	9	10
Junior Golf Camp	4-days (T - F)	9 am - 12:30 pm	5 - 8	\$195 / \$225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5-days* (M - F):	9 am - 12:30 pm	5 - 8	\$240 / \$280	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Includes 1-day Combo Camp on Monday													
Senior Golf Camp	4-days (T - F):	9 am - 3 pm	9 - 15	\$355 / \$390	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5-days* (M - F):	9 am - 3 pm	9 - 15	\$405 / \$450	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Includes 1-day Tennis Camp on Monday													
Mighty Mites Tennis Camp														
	4-days (M - Th)	9 - 10 am	3 - 5	\$85 / \$95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Camp	4-days (M - Th)	9 am - 3 pm	7 - 15	\$250 / \$275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5-days* (M - F)	9 am - 3 pm	7 - 15	\$325 / \$355	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Includes 1-day Golf Camp on Friday													
Combo Camp	5-days (M - F)	9 am - 12:30 pm	4 - 8	\$190 / \$220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim Camp	5-days* (M - F)	3 - 5 pm	4 - 15	\$120 / \$135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Plus Optional Swim Meets														

PAYMENT INFORMATION

Payments are processed the week of Camp. Camp Session Fees: _____

Billing Questions? Contact Maylene at 954.449.4432 6% FL Sales Tax: _____

First time registrants ONLY are charged a \$25 Registration Fee: \$25.00

Total: _____

Select Method of Payment

Member Account Number: _____ **Check** (Please make checks payable to Coral Ridge Country Club)

Credit Card: American Express _____ Master Card _____ Visa _____ Discover _____

Card Number: _____ Expires: _____ CVV#: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

PLEASE NOTE: A completed waiver form MUST be on file before a child can participate in camp.

OFFICE USE: Received Date: _____ Front Desk _____ Golf _____ Tennis _____ Pool _____

2017 | **CRCC SUMMER CAMP** | **WAIVER**

CAMPER INFORMATION (one form per camper)

PLEASE NOTE: A completed waiver form MUST be on file before a child can participate in camp.

If you register your child for multiple camps/sessions, only ONE signed waiver form is required per camper; it is valid through the entire summer.

Child's Name: _____ Today's Date: _____
Date of Birth: _____ Age: _____ Gender: Male _____ Female _____
Street Address: _____
City/State/Zip: _____
Mother's Name: _____
Father's Name: _____
Home Phone: _____ Work Phone: _____
Email 1: _____ Email 2: _____
Emergency Contact: _____ Cell Phone: _____
Doctor's Name: _____ Phone: _____
Health Insurance: _____ Policy Number: _____
Allergies: _____
Medications: _____
Name of School your Child Attends: _____

_____ I/WE (hereinafter referred to as "Releasor") hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Coral Ridge Golf Course, Inc and all officers, directors, shareholders, employees, representatives, agents, principals and/or assigns, and any other related companies, including but limited to, any and all successors and assigns of any such individual and/or entity (hereinafter collectively referred to "Releasee"), from any and all liability(ies), claim(s), demands(s), damage(s), action(s), causes(s) of action, in any matter whatsoever, whether in law or in equity, arising out of or in any way related to any and all loss(es), damage(s) and/or injury(ies), including not but limited to, death or disability, that may be sustained by my child/ward, _____ [INSERT CHILD'S NAME] WHETHER CAUSED BY ANY ACT OR OMISSION OR THE NEGLIGENCE OF THE RELEASEE, or otherwise while participating in, engaging in, or merely being present during any and all athletic and/or camp related activities, including but limited to, swimming, tennis, golf, or while in or upon the premises of Coral Ridge Golf Course, Inc. where such activity(ies) is/are being conducted or will be conducted, and/or travel to and/or from the premises. Releasor acknowledges and agrees that Releasee may use photographs of my child/ward while engaging in the aforementioned activities in its promotional materials without compensation and I hereby release Releasee from any and all liability for any violation of any privacy or proprietary rights with respect to the use of such photographs. Releasor acknowledges and agrees that Releasee will suffer irreparable harm in the event Releasor breaches the aforesaid covenants and agreement not to sue and monetary damages would be insufficient to remedy the breach. Accordingly, this covenant not to sue shall be specifically enforceable by the Releasor by injunction against Releasee. In the event Releasee has to move to enjoin or dismiss any action filed despite this covenant and agreement not to sue, Releasor will be liable for the attorney's fees and costs incurred in doing so.

I/WE HEREBY AGREE THAT I HAVE READ THE ABOVE DISCLAIMER AND THAT I AM THE CHILD'S PARENT OR LEGAL GUARDIAN WITH THE AUTHORITY TO GRANT THIS WAIVER, AND I AGREE TO THE ABOVE TERMS AND CONDITIONS VOLUNTARILY AND WITHOUT RESERVATION.

Signature of Parent or Guardian: _____ Date: _____