

# Hyatt Hills Golf Academy – Junior Summer Camp Application

Students Name: \_\_\_\_\_ Circle One Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Student's School: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Golf Experience: Circle One Complete Beginner Hit Balls on Driving Range Played A Little Played More than 10 Times

Did Student Have Previous Instruction? Circle One Yes No Average Score: \_\_\_\_\_

Have You Attended A Hyatt Hills Program? Circle One Yes No If so What Program: \_\_\_\_\_

Camp # Applying For: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Waiver and Release:

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that the Hyatt Hills Golf Course, its agents, commissioners and employees, shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Hyatt Hills Golf programs, at any time preceding, during, or after the program is in session and I hereby discharge the Hyatt Hills Golf Course, its agents, commissioners and employees from all actions, claims, and demands I or my child may have for such injury or damage. I authorize that the Hyatt Hills golf Course has the right to use all photographs or videos taken of my child during the academy for advertising or promotional material.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Application with Payment To: For Additional Information Call Bill Castner 732 669-9100

Hyatt Hills Golf Course \* 1300 Raritan Road \* Clark, New Jersey 07066

Payment Method: Circle One American Express Visa MasterCard Check Money Order

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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