



PAL BEGINNER GOLF CAMP

Date

July 9 – July 13 2018

9 AM to 12 PM except for Friday

(NO makeups unless multiple days are rained out)

Ages 8-14

Registration \$150 which includes golf clubs & lunch each day
(\$100 if child will be bringing your own clubs)

Open first to anyone who has not participated in this camp

(If you have participated in this camp before we will add your name onto a waiting list)

(Registration and payment must be received prior to camp start date)

Bring your own clubs if preferred

Space is limited and is on a first come first serve basis

Camp Location M-Th at Eagle Oaks Golf and Country Club 20 Shore Oaks Drive, Farmingdale NJ 07727
Fri- 6pm – Dusk at Cruz Farms 55 Birdsall Rd. Farmingdale NJ 07727

Campers should wear suitable clothing, hat, sneakers and bring water bottle with name

Make Checks Payable to: Howell PAL

Mail Check with registration to: PO Box 713, Howell, NJ 07731

To receive up to date text messages about cancellations please text: 81010 with the message: @palgolf1

Child's Name: _____

Address: _____

Age: _____ Grade for the 2018-2019 school yr: _____

Primary Phone #: _____ Secondary Phone #: _____

Emergency Contact (Parent/Guardian Preferred): _____

E-Mail Address (mandatory): _____

Allergies: _____

Current Medications: _____

Will be using/bringing own clubs? (please circle one) YES NO

Height: Feet _____ **Inches** _____ **Please Circle: Left Handed Right Handed**

(Print Parent(s)/Guardian(s) Name)

(Parent(s)/Guardian(s) Signature)

Date

Howell Township Police Athletic League
PO Box 713, 115 Kent Road Howell NJ 07731
Phone: 732-919-2825 Fax: 732-919-1212 www.howellpal.org

(PAL Office Use Only)

CHECK _____ CASH _____ AMT _____ RECEIVED BY _____

HOWELL POLICE ATHLETIC LEAGUE PARTICIPANT WAIVER

NOTE: This form must be read and signed before the member is allowed to take part in a PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver, understand the terms set forth herein and knowingly and voluntarily agree to the terms of this waiver.

Program Name: _____

Member's Name: _____

Address: _____

Phone #: _____ **DOB:** _____

In consideration of my involvement in the program under the auspices of the Howell PAL (and/or its officers, volunteers, staff, sponsors, agents, members and/or activity participants) I hereby agree that: I acknowledge that by participating in the sport by its very nature:

1. **I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT OR DEATH.** While the particular rules of the sport, equipment, personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.

2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.

3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest Howell PAL Staff/Chaperone.

4. For myself, and on behalf of my heirs, those assigned as a personal representative and my next of kin, I hereby: Release, Indemnify and hold harmless and agree not to sue, file a claim for relief or otherwise take legal action against the Howell PAL, their officers, volunteers, staff, or sponsors. Further I and/or my parent/guardian Releases from liability of any of the aforementioned from any liability from any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct. This indemnification shall include the payment of the Howell PAL's reasonable attorney's fees in defense of any claim filed by you.

5. I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read this Howell Police Athletic League Participation Waiver and fully understand its terms. By signing this Waiver I acknowledge that I have done so both freely and voluntarily. This signature is to certify that I, as a adult participant or the parent/guardian with legal responsibility for this participant who is a minor, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and indemnify the Howell PAL from all liability, incidents to my /our child's involvement as stated above.

X _____

Parent/Guardian Signature

Date Signed

X _____

Member Signature

Date Signed