RANDALL'S * ISLAND * Sports Comp			Check one camp that your child will attend:				
CAMPER INFORMATION	Female	Male	Pricing	Full day	Full day		
Name		_		Before 4/1	After 4/1		
Address			1 week	\$445	\$475		
City St Zip_			2 weeks	\$430	\$470		
Camper's Birthdate Camper's Age as			3-8 weeks	\$399	\$420		
School attended in 2015-16			Transportation	\$110	\$110		
			Sibling discount	5%	5%		
Guardian 1	Guardian 2						
Name					<u> </u>		
Home Phone			MY CHILD HAS	SEVERE ALLE	RGIES TO:		
Work Phone							
Cell Phone							
Email (one required)			MY CHILD HAS	THE FOLLOW	ING MEDICAL	CONDI	TION:
Who is authorized to pick up the child from	ramn.		III OTILED TIAG	r ozzow	ING INEDIGAE	CONDI	
_	ild is over the age	and can					
_	herself out	_ and can					
ŭ			PAYMENT SCHE	DULE			
Please list full name (s) and relationship to camper:			A \$150 deposit per week is required at the time of				
CAMP T CHIPT CITE							
CAMP T-SHIRT SIZE Child: Sm Med Lg ADULT: Sm Med Lg			registration. This deposit is refundable until April 1, 2017				
			minus a \$75 cancellation fee. To secure your child's place in the camp, the balance of tuition must be paid in				
	<u> </u>						n
			full by April 1, 2017. All campers who pay after				
CAMP DATES Please indicate the dates your child will attend:			April 1, 2017, must pay the entire tuition at the time				
D D			of registration. No refunds will be granted after				
June 19 - 23			April 1, 2017 for absences, transportation delays				
June 26-30 July 24-27**			or withdrawals.				
July 5-7 *** July 31-Aug 4							
July 10-14			I am enclosing	g \$ _	_ deposit.		
July 5 - 7 is Fourth of July Week, July 24-27 is	shortened due to a	concert on the pro	-		- '		
			This deposit includes the following:				
PAYMENT A credit card is required with all applications to guarantee			weeks of camp				
balance payment.			of aftercare				
			Please fill out		pplication a	nd dep	osit
Amex MasterCard //isa			for transportation. This can be found on the transportation page.				
- -			1				
Credit Card Number			I understand tha	t the remainin	ıg \$	is due	
			on April 1, 2017				
Expiration Date							
<u> </u>							
Name (as it appears on the Card) Print		Signature _			Date		
Waiver and Release- Acknowledging that par	ticipation in athletics	carries with it a r	isk of physical injury,	I agree that Ra	ndall's Island (Golf	
Group and North Shore Golf Group, it's agents	s & employees shall r	not be liable to m	e or my child for any i	njury or damag	e, howsoever	caused	
resulting directly or indirectly from my child's p	articipation in the Rai	ndall's Island Spo	orts Camp at any time	e preceding, du	ring or after ca	mp is	
in session and I herby discharge Randall's Isla	and Golf Group, it's a	gents and employ	yees from all actions,	claims and der	mands I or my	child	
may have for any such injury or damage. I aut	horize that Randall's	Island Golf Grou	p has the right to use	all photographs	s or videos tak	en of	
my child during the camp for advertising or pro	omotional material.						
A Health Record/ Medical Release form mu	st be completed and	d returned befor	e camp enrollment o	dates in order	for the		
camper to participate in any activity							
Parent or Guardian Signature					Date		

RANDALL'S

Please send application with payment to: Randall's Island Golf Group, 1 Randall's Island, NY, NY 10035