RANDALL'S ISLAND Sports Camp

2017 Transportation Application

Camper Information ☐ Female ☐ Male

Name_____

Cell Phones for both parents_____

Email_____

Address_____

City_____ State_____ Zip_____

Camper's age as of 6/01/17:_____

Who is authorized to meet your child at the bus:

☐ Person(s) identified below ☐ My child can leave the bus alone

Please list full names and relationship to camper:

CAMP DATES Please indicate

the dates your child will attend:

☐ June 19 - 23 ☐ July 17-21

☐ June 26-30 ☐ July 24-27**

☐ July 5-7 *** ☐ July 31-Aug 4

☐ July 10-14

July 5 - 7 is Fourth of July Week, July 24-27 is shortened due to a concert on the property

Please list your cross streets:

_____ and

camp deposit. I understand that this payment is refundable before April 1, 2017. After April 1, 2017 no refunds will be granted for transportation. ***I understand that no refunds will be made for camps closings, absences, transportation delays, withdrawals or dismissals.***

Note: Late registration does not guarantee you a seat on the bus. (This includes adding additional weeks of camp)

Transportation Charge: $110/ week x _____ = _____.

PAYMENT A credit card is required with all applications to guarantee balance payment.

☐ Amex ☐ MasterCard ☐ isa

☐ Cash ☐ Check (written out to Randall's Island Golf Group, Inc.)

Credit Card Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date

☐☐/ ☐☐

Name (as it appears on the Card) Print_____ Signature _____ Date _____

Waiver and Release- Acknowledging that riding in a bus or van carries with it a risk of physical injury, I agree that Randall's Island Golf Group and North Shore Golf Group, it's agents & 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 transportation to the camp or activity centers at any time preceding, during or after camp is in session and I herby discharge Randall's Island Golf Group and North Shore Golf Group, it's agents and employees from all actions, claims and demands I or my child may have for any such injury or damage. Parent or Legal Guardian's Signature _____

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

Phone: 212-427-5689 Fax: 212-427-5681 www.randallsislandsportscamp.com