THE GOLF CLUB AT CHELSEA PIERS
Chelsea Piers - Pier 59 • New York, New York 10011
212.336.6400 • www.chelseapiers.com/gc

PRESIDENTS' WEEK GOLF CAMPS • February 16-20, 2009

Student's First Name _____ Student's Last Name _____

Home Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ **Email** _____

Date of Birth (mm/dd/yyyy) _____ Student Age _____ ❑ Male ❑ Female

School _____

Known allergies / Physical limitations _____

Guardian #1 Name _____ Home Phone _____ Cell/Work Phone _____

Guardian #2 Name _____ Home Phone _____ Cell/Work Phone _____

Emergency Contact Name _____ Relation _____

Contact Home Phone _____ Contact Work Phone _____

Who is authorized to pick up child from camp: ❑ Person(s) identified below ❑ My child can sign out on his/her own

Please list full name(s) and relationship to camper: _____

_____

JUNIOR CAMP	**PERFORMANCE CAMP**	❑ **AFTER CARE**	**Total Due**:
Ages 5-12 years	Ages 10-17 years	until 5:30pm	
❑ Full week: $500	❑ Full week: $900	$100/week	
❑ 3-Day week: $395 (Tues, Wed. & Thurs.)	❑ 3-Day week: $775 (Tues, Wed. & Thurs.)	$25/day	_____

PAYMENT METHOD ❑ Amex ❑ Discover ❑ MasterCard ❑ Visa ❑ Cash ❑ Check

Credit Card Number | | | | | | | | | | | | | | | | Expiration Date | | / | |

Capital One OFFICIAL CARD

Name (as it appears on card): Print _____ Signature _____ Date _____

Please make checks payable to: Chelsea Piers L.P. – The Golf Club

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Chelsea Piers L.P., its agents 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 Golf Club Holiday Camp at any time preceding, during or after camp is in session and I hereby discharge Chelsea Piers L.P., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Chelsea Piers L.P. has the right to use all photographs or videos taken of my child during camp for advertising or promotional material. A Health Record/Medical Release form must be completed and returned before camp enrollment dates in order for the camper to participate in any camp activities. A Health Record/Medical Release form must be completed and returned before camp enrollment dates in order for camper to participate in any activity.

Signature _____ Date _____

Send application with payment to: The Golf Club at Chelsea Piers• Chelsea Piers – Pier 59 • New York, NY 10011 or FAX to: 212.336.6410