

2010 Players Golf Camp

Registration Form

Campers Name _____

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Campers Date of Birth _____ Clubs needed Yes _____ No _____
(RH or LH)

Please check the appropriate camp week (s) your child will attend:

- July 5,6,7,8**
- August 9,10,11,12**

Payment

The cost of the camp is \$175. A \$75 non-refundable deposit is required. Payment in full must be received before the start of camp.

Non-Refundable Deposit \$ _____ Balance Due \$ _____

(Make check payable to *Paula Slivinsky*)

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Waiver and Release

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Paula Slivinsky shall not be liable to me or my child for any injury or damage, howsoever causes, resulting directly or indirectly from my child's participation in the Players Golf Camp at any time preceding, during or after the program is in session and I hereby discharge Paula Slivinsky from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Paula Slivinsky has the right to use all photographs or videos taken of my child for advertising or promotional purposes.

Parent or Guardians Signature _____ Date _____

Send Form with payment to: Paula Slivinsky • 1708 Old Country Rd. • Elmsford, NY 10523