



# Registration Form – 3 DAY CLINIC INTERMEDIATE JUNIOR PROGRAM

Deadline: If application is not received one week prior to clinic, please call for availability.

[www.morrisparks.net](http://www.morrisparks.net)

Name \_\_\_\_\_

Handicap Index \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

EACH Clinic is \$200.00 for residents and \$350.00 for non-residents. Please check the clinics you want to attend.

**GROUP A**

7/12 (8:00-11:00) BVGC - INSTRUCTION DAY

7/13 (8:00-12:00) PBGC - PLAY DATE

7/20 (8:00-12:00) SVGC - PLAY DATE

**GROUP B**

7/26 (8:00-11:00) BVGC - INSTRUCTION DAY

7/27 (8:00-12:00) PBGC - PLAY DATE

8/3 (8:00-12:00) FVGC - PLAY DATE

Please indicate your method of payment. Make checks payable to MCPC.

Payment Amount \$ \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_

Credit Card  American Express  Mastercard  Visa V-Code \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I understand and agree to abide by the following:

Payment Policy: Payment for the full program(s) must be included. Payments will be processed upon receipt.

An insufficient funds, returned check or refused credit card charge will incur a fee of \$20.00.

Cancellation Policy: The program may be cancelled due to lack of the minimum number of participants required.

All cancellations must be in writing and submitted to the address below. Cancellations received two weeks before the date of the program will be honored. No shows will forfeit 100% of the program fee.

Signature \_\_\_\_\_

Please send completed forms to: Berkshire Valley Golf Course

c/o Mike Andrusin

28 Cozy Lake Rd.

Jefferson, N.J. 07438



### ***Agreement and Medical Release***

- ◆ **The parent / legal guardian of this participant agrees to the following provisions:**
- ◆ **The Morris County Park Commission reserves the right to group participants as they see fit.**
- ◆ **The staff of this program will determine which participants have “successfully” completed this program for the purpose of issuing a Junior Golf Card.**
- ◆ **The Morris County Park Commission, the employees of the Park Commission, and the contractors involved in this program will be held harmless in the event of injury or accident during this program except for direct acts of negligence by the aforementioned parties.**
- ◆ **I understand that the Morris County Park Commission may take photographs or video of the Junior Golf Clinic and its participants. I am authorizing the use of the images for promotional purposes.**
- ◆ **I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective through the conclusion of the golf program. I also agree to assume responsibility for payment of any such treatment.**
- ◆ **In the event that I cannot be reached, nor the contact listed below, I authorize a representative of the Morris County Park Commission to act in my behalf in attaining medical attention.**

***Signature of parent/guardian:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**Emergency phone number other than Parent/guardian:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Medical Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Known allergies (I.e. bee sting allergies, asthma, etc.) or other pertinent medical information:**

---

*Note: Morris County Park Commission*

*Employees are prohibited from dispensing any type of insect repellent.*



## **MORRIS COUNTY PARK COMMISSION** **AGREEMENT**

In consideration of the granting of permission by the Morris County Park Commission to the applicant for the use of facilities set forth above, applicant hereby covenants to indemnify and save harmless the Morris County Park Commission against any and all claims arising from the conduct of the activities for which this application is made, and for the use of the facilities, and any other facilities which are employed by the applicant, or their guests, whether or not any such claim or liability arises out of the activity for which this application is made, or the condition of any floor, wall, utility or furnishing within the facilities requested and used, or any passageway, space or stairway, whether or not such claim arises from any alleged act or negligence of the Morris County Park Commission, or its agents, servants or employees, or of the applicant or its agents, contractors, servants or employees, or any persons or person in or about the premises or the property of any person, persons or organization or corporation occurring during the period for which the facilities requested are used, or upon the premises of the Morris County Park Commission or any road, walkway or exterior surface; said indemnity to counsel fees, expenses and liabilities incurred in connection with any such claim, but also any cause of action or proceeding brought with respect thereto.

Signature :

\_\_\_\_\_  
Individual and on behalf of

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

**This form must be completed and returned to the Morris County Park Commission Office**

1/2002