

HERON GLEN JUNIOR CAMP

MONDAY - THURSDAY

9:00AM - 1:00PM

\$349



CAMP INCLUDES:

FUNCTIONAL SKILL DEVELOPMENT

FULL SWING | SHORT GAME | ETIQUETTE

ON-COURSE EXPERIENCE

FUN GAMES & PRIZES

LUNCH PROVIDED EVERYDAY

CAMPER WELCOME BAG

FUN, SAFE, AND EDUCATIONAL

BIRDIES CAMP

(AGES 7-11)

JULY 10 - JULY 13

JULY 31 - AUG 3

EAGLES CAMP

(AGES 12-16)

JULY 17 - JULY 20

AUG 7 - AUG 10



HERON GLEN JUNIOR GOLF CAMP

Monday - Thursday

9:00AM - 1:00PM

Birdies Camp

(Ages 7-11)

July 10- July 13

July 31 - Aug 3

Eagles Camp

(Ages 12-16)

July 17-20

Aug 7 - Aug 10

Name of Junior: _____

Address: _____ City: _____ State: _____

Birthdate: _____ E-Mail Address: _____

Emergency Contact: _____ Telephone: _____

ALLERGIES OR SPECIAL NEEDS: _____

CHILD HAVE GOLF CLUBS?: _____ LEFT OR RIGHT HANDED (Circle one)

NAME OF PARENT OR GUARDIAN: _____

PAYMENT MUST BE RECEIVED IN FULL AT TIME OF REGISTRATION

14-DAY CANCELLATION PERIOD IS REQUIRED FOR FULL REFUND. HERON GLEN RESERVES THE RIGHT TO CREDIT REGISTRATION FEES IN THE EVENT AN INSUFFICIENT NUMBER OF PLAYERS REGISTER FOR THE GOLF CAMP.

IMPORTANT—PLEASE READ THE FOLLOWING STATEMENT:

I hereby waive and release all rights and claims for damages against the County of Hunterdon/KemperSports Management (KSM) and their employees and agents for all injuries which may be sustained by the herein named minor (s) or myself while participating in the program listed above. I understand the content of the program and the risks of personal injury therein. I also give my permission for employees or agents of the County/KSM and the Hunterdon Medical Center (or closest medical facility to the activity site) to admit me or my child for EMERGENCY medical treatment that would become necessary as a result of a medical emergency during this program. I also give permission to the County to make noncommercial use of any activity or photographs of myself or my child. Any information provided will be treated with confidentiality and will allow the County and Heron Glen Golf Course to better serve individuals attending programs.

ACCESSIBILITY STATEMENT:

It is the policy of the County/KSM to provide reasonable accommodations to persons with disabilities upon advance notice of need. Persons requiring accommodations should request 10 days prior to program attendance.

SIGNATURE: _____ DATE: _____

(Each Adult must sign for him/herself)