RANDALL'S ★ISLAND★ Sports Camp

Transportation Application

Camper Information ☐ Female ☐ Male

Name_____

Cell Phones for both parents_____

Email_____

Address_____

City_____ State_____ Zip_____

Camper's age as of 6/01/09:_____

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 14-18 (pending based on interest)
☐ June 21-25 (pending based on interest)
☐ June 28-July 2
☐ July 5-9
☐ July 12-16
☐ July 19-23
☐ July 26-30
☐ Aug 2-6
☐ Aug 9-13
☐ Aug 16-20

I hereby authorize Randall's Island Golf Group to register my child for bus service. My payment of $100 per week is included with the camp deposit. I understand that this payment is refundable before May 1, 2010. After May 1, 2010, 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: $100/ week x _____ = _____.

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

☐ Amex ☐ MasterCard ☐ Visa

☐ 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