



Crandon Golf Camp Summer 2008

Please fill out a separate application form for each child. You may photocopy this form if necessary. Detach and mail or fax the completed form to: 305.361.1062 Mail: Crandon Golf Academy Camp, 6700 Crandon Blvd., Key Biscayne, FL 33149 Phone: 786.253.2548

Student's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of birth: _____ Grade Level in fall: _____

Parent's/Guardian's name: _____

Cell Phone #: _____ Work #: _____ Home #: _____

Adults authorized to pick up my child: _____

How did you hear about this camp? _____

Permission statement

I give permission for my child to participate in all in-and out-of-camp sponsored activities including but not limited to: swimming, tennis, fishing, boating, trips, golf and travel in vehicles. I understand that these activities might have risks and dangers connected with them; however, I release Crandon Golf Academy, its directors and all its agents and staff from any legal actions or claims that my child, I, or the legal guardian might have for the damage or injury to the child named above or any personal property arising from being a camper at or participating in any activity at Crandon Golf Academy's program(s). This agreement, and any disputes or claims against the Directors, employees, agents or Crandon Golf Academy's Camp, shall be interpreted, governed and constrained by laws and courts of The State of Florida and all legal actions shall be under the jurisdiction of The State of Florida.

Signed: _____ Date: _____

Crandon Activity & Photo Release

I understand that campers that registered for the Multi-Golf & Sports Camp may be taken outside of Crandon Golf Academy's facility for other activities, such as Crandon Beach for swimming. Although a lifeguard will be present, flotation devices/aids and swimming lessons will not be provided during these activities. I hereby verify that my child has the swimming skills necessary to participate in these shallow water activities and hereby authorize them to be taken off-site to partake in the water event.

Signed: _____ Date: _____

I irrevocably give Crandon Golf Academy, its subsidiaries, assigns and licenses the absolute right and permission to copyright, use, publish, alter and distribute all photographs, videos, and/or film in which my child may be included taken at Crandon Golf Academy or in conjunction with any publicity, promotion or advertising for such attraction. I understand that these photographs, video or film footage may be used for publicity, advertising art or promotion or for any lawful purpose whatsoever, without restrictions.

Signed: _____ Date: _____

(Please fill out front / back of form)



Crandon Golf Camp Summer 2008

Student's Name: _____

2008 summer Camp fees

Beginner Golf Camp <i>(6 yrs of age or older)</i>	Elite Golf Camp <i>(10 yrs of age or older)</i>	Multi-Golf & Sports Camp <i>(6 yrs of age or older)</i>
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<i>Half Day Program</i> First Week of Camp...\$250 Any Additional Weeks: \$225	<i>Full Day Program</i> First Week of Camp...\$500 Any Add't Weeks.....\$450	<i>Full Day Program</i> First Week of Camp...\$600 Any Add't Weeks.....\$540
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Camp Program of Choice: (please check off appropriate box)

- Beginner Golf Camp** *(6 yrs of age or older)*
- Elite Golf Camp** *(10 yrs of age or older)*
- Multi-Golf & Sports Camp** *(6 yrs of age or older)*

Payment (Cancellations subject to a \$50.00 fee)

No refunds, reductions, allowances, or credits against fees paid or due will be made after the program started for any reason, including cancellation, late arrival, early withdrawal, or dismissal of camper. The undersigned agrees not to charge back any amount on any and all credit card payments.

- CASH** Amount \$ _____
- Personal Check** \$ _____ **DL #:** _____
- CREDIT CARD** (Please circle one) **AMEX** **VISA** **MC**

Signature: _____ Security Card #: _____

Card #: _____ Expiration Date: _____

Emergency Contact Information

We will contact the above listed parent(s), using the telephone numbers provided. Please provide any other contacts that could be used in case of an emergency.

Name: _____ Relationship to child: _____

Phone: _____

Any special needs, challenges, allergies or medications: _____

In the unlikely case of an emergency, I authorize Crandon Golf Academy staff to arrange emergency transport to an emergency medical facility. (Please provide copy of Insurance card for our records).

Signature: _____ Date: _____

(Please fill out front / back of form)