

2024 SUMMER

JUNIOR PROGRAMS REGISTRATION FORM

REGISTRATION GUIDELINES: PLEASE READ CAREFULLY

- PLEASE FILL OUT THE FORMS COMPLETELY AND SIGN AT THE END. NO CHILD WILL BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES WITHOUT A COMPLETED FORM ON FILE, **INCLUDING PAYMENT INFORMATION**. All registration forms are accepted on a **first come, first serve basis**. We will make every effort to confirm enrollment by e-mail as well. Full payment is due with the application. Your child will not be on the roster without received payment.
- **REFUND/CREDIT POLICY:**
 - 100% up to **30 DAYS** prior to start of the scheduled program.
 - 75% if cancellation is within 21-29 days of start date of the week's program.
 - 50% if cancellation is within 21 days of start date of the week's program.No refunds/credits once the program has commenced. Credit issued only if used during the same calendar year.
- **CHECK PAYMENTS are no longer accepted.**
- We reserve the right to cancel any clinic if the minimum enrollment is not met.
- **E-MAIL ADDRESS:** Please make sure to **CLEARLY** provide an e-mail address on the application form. All pertinent information, i.e., what to prepare, is sent through e-mail.
- **RAINOUTS/MISSED SESSIONS:** Golf course management determines any cancellations due to poor weather. In the event of a cancellation, the instructors will be calling and emailing everyone as soon as possible. **The student is responsible for attending the scheduled make-ups. There will be no refunds or additional accommodations for missing the scheduled make up times. There are no make ups for ANY missed sessions.**
- Children are not allowed to use cellphones while the camp is in session, unless making or receiving phone calls with/from you, and with the instructor's permission. Juniors will receive one warning, and then the phone will be taken away and returned at pick up time.
- We will make every attempt to accommodate requests to be with friends. However, if the group becomes disruptive or is a safety issue for the program, we will separate the children.
- USE **ONE METHOD** OF SUBMISSION ONLY. Otherwise, you will risk double billing.
Mail: Harbor Links Golf Course
Attention: Jr. Golf
1 W. Fairway Drive
Port Washington, NY 11050
E-Mail: jhong@palmergolf.com Forms emailed to another address will likely face processing delays.

ATTACH RECEIPT HERE

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JUNIOR PROGRAMS REGISTRATION



STUDENT INFORMATION (*please write clearly & legibly)

First Child's Name: _____ D.O.B.: ____ / ____ / ____

Second Child's Name: _____ D.O.B.: ____ / ____ / ____

City/Town: _____ Zip: * _____

E-Mail: * _____ @ _____ Home/Cell Phone: * _____

Level of Experience? Please check one:

- Beginner, new to the game.
- Beginner-intermediate, has taken some group or private lessons.
- Plays regularly, takes lessons or has attended several of our programs. Shows interest in playing on a regular basis. Skills assessment test shows an understanding of the fundamentals, and is required for the Birdie program

Has your child attended one of our programs in the past? Circle one: Yes No

Requests:

Do you wish to be with a specific friend, relative, instructor, or group: _____

*We will make every attempt to group accordingly. Please note that we have limits of students-per-instructor. If we feel that the group is being disruptive or creates a safety issue, we will separate the children.

REGISTRATION AND PAYMENT INFORMATION (* required)

CHECKS ARE NOT ACCEPTED

CODE* (you may sign up for more than 3 weeks)	TUITION*	PROGRAM NAME/DESCRIPTION
SC - _____	\$ _____	_____
SC - _____	\$ _____	_____
SC - _____	\$ _____	_____

TOTAL: \$ _____ SIGNATURE/TYPED INITIALS * : _____

CREDIT CARD INFORMATION MUST BE FILLED OUT. Failure to do so risks delays in processing.

Which card: * ___ VISA/MC ___ AMEX ___ Discover

Card Number (please carefully write the correct #): * _____

Name on card: * _____ Exp. Date: * _____ CVV Code: * _____

Last Name: _____

ONLY IF YOUR CHILD NEEDS TO BORROW CLUBS FOR THE WEEK:
please provide the following information so that we have the correct set for them:
Circle one: RH LH Height of child (ex.: 63" or 5' 3") _____

Please list **any food allergies** or other **health issues** we need to be aware of:

Does your child have an epipen? Circle one: YES NO

Does your child require special needs attention? Please let us know so that we may provide the safest and most enjoyable environment possible for all of the children enrolled in our programs. This information will remain confidential.

EMERGENCY CONTACT INFORMATION
Please list, in order of preference, who should be contacted in the event of an emergency or illness.

NAME*	RELATION TO CHILD*	TELEPHONE #*
_____	_____	_____
_____	_____	_____

By signing, initialing, or submitting these forms, I acknowledge and understand that Harbor Links Golf Course and it's employees, and the Town of North Hempstead, or any guest instructor/teacher/trainer, are not responsible or liable for any injury, or loss of personal property. I am fully aware that physical fitness activities are part of the instruction programs. I have thoroughly read the Harbor Links Application Guidelines and properly filled out the registration forms, as well as acknowledge that all information provided is the truth, and subject to disciplinary action if found to be false.

By signing below, I also hereby agree and consent to allow representatives of Harbor Links to photograph, film, tape, and/or record my, or my child's likeness, voice, sound and quotations. I hereby grant to Harbor Links and all related and affiliated entities, and their respective licensees and assigns, and the directors, officers, employees and agents of each (collectively "Released Parties"), forever and throughout the world, the right to use and license the right to reuse such photographs, films, tapes and/or recordings of my likeness, voice, sound, quotations, and my name, in all media, whether now known or hereafter devised, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes, and not for personal use.

Parent/Guardian Name: * _____

Parent/Guardian Signature: * _____ Date: * _____