



Mount Kisco Country Club

2017 Rising Chiefs

Registration Form

	Player 1	Player 2	Player 3
Name			
Age			
Birth Date			
Shirt Size Adult S, M, L, XL Youth S, M, L, XL			
Weeks Attending			

This camp is intended as a high performance golf and tennis instructional camp for players' ages 11-16 to develop junior players. Golf and tennis professionals will lead the camp program and to ensure we provide excellent player to professional instructional ratios we are limiting the weekly enrollment at 10 players for a 5:1 player to professional ratio. Each week we will need a minimum of at least 4 campers to run the program.

This summer program is not intended for beginners and all players **must OWN their own golf and tennis gear and appropriate clothing.** The cost per player will be \$500 per week. A **non-refundable deposit** of \$200 per child per weekly session will be charged to your member account in your April 2017 statement. The balance due will be included in your May 2017 statement.

The program will consist of golf and tennis stroke instruction, course/ court strategy, player etiquette, competitions, and weekly awards. Camp shirt, lunch, and snacks will be provided.

Weeks	9:30 AM - 9:45 AM: Arrival
Week #1 - June 27 th - June 30 th	* 9:45 AM - 11:45 AM: Golf or Tennis
Week #2 - July 4 th - July 7 th	11:45 - 12:15 PM - Pool & Change
Week #3 - July 11 th - July 14 th	12:15 PM - 12:45 PM: Lunch
Week #4 - July 18 th - July 21 st	* 12:45 PM - 2:45 PM: Golf or Tennis
Week #5 - August 1 st - August 4 th	2:45 PM - 3:30 PM: Pool
<i>Typical Camp Day - Tuesday- Friday</i>	3:00 PM: Departure
*golf and tennis may alternate on some camp days due to other Club events.	



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Information Sheet

Member # _____ Member Signature _____

Name of Child _____ Age _____ Sex _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parents' / Guardians' Full Names _____

Does your child take daily medication? YES / NO

If so, type of medication and frequency: _____

Any drug, food or insect allergies? _____

Is your child restricted from any activities? _____

Name of family doctor _____ Phone _____

Name of family dentist _____ Phone _____

In case of emergency contact (other than parents):

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Any other comments or concerns?

Parent's authorization: This information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities conducted by the Junior Sports Program, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the emergency contacts or family doctor named above to secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Signature of parent or guardian _____ Date _____