



**The Colts Neck Golf Club**  
**The New Jersey Golf Performance Academy**  
**2026 Junior Golf Registration Form**



Student(s) Name(s): \_\_\_\_\_ Member No. (If Applicable): \_\_\_\_\_

Age(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Is there anything specific information or instructions we need to know to regarding your child/children?

**INDEMNIFICATION:** *I agree to allow my child / children to participate in any activity sponsored by the New Jersey Golf Performance Academy at The Colts Neck Golf Club in the above program. I agree to assume all risk and hazards incidental to such participation and release, absolve, and indemnify any claim arising out of injury to my child / children. I also agree to return all equipment issued to my child / children in good condition, except for normal wear and tear, or pay the current replacement costs.*

**MEDICAL RELEASE CONSENT AND MEDICAL INSURANCE INFORMATION**

I hereby certify that my child/children is/are in good health, has/have had a recent physical and may participate in activities at The Colts Neck Golf Club. In the event of an emergency, I give my permission to my child / children's instructor for my child / children to be given treatment at a local hospital.

Signature of Parent or Guardian: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_

**Spots Are Limited In All Sessions. Payment Due At The Time Of Registration To Secure Spot.**

**Camp and Clinic Selection on Page 2**

Total Amount Enclosed: \$ \_\_\_\_\_ Please charge my account (if applicable) \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Please make checks payable to Colts Neck Golf Club. Credit Card payments must be made in person. All deposits and payments are non-refundable.



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**\*Please Check Program(s)**

**Spring Clinics (Ages 7 – 13): Monday & Wednesday 4:30pm- 6:00pm: (\$500)**

☐ ***Clinic 1: Mar. 23<sup>th</sup> – April 8<sup>th</sup>***

☐ ***Clinic 2: April 20<sup>st</sup> – May 6<sup>th</sup>***

☐ ***Clinic 3: May 18<sup>th</sup> – June 3<sup>rd</sup>***

**Summer Camps (Ages 8 – 13): Monday - Friday 9:00am – 3:00pm: (\$950/week)**

☐ ***Week 1: June 22<sup>nd</sup> – 26<sup>th</sup>***

☐ ***Week 2: July 6<sup>th</sup> – 10<sup>th</sup>***

☐ ***Week 3: July 13<sup>th</sup> – 17<sup>th</sup>***

☐ ***Week 4: July 20<sup>th</sup> – 24<sup>th</sup>***

☐ ***Week 5: July 27<sup>th</sup> – 31<sup>st</sup>***

☐ ***Week 6: August 3<sup>rd</sup> – 7<sup>th</sup>***

☐ ***Week 7: August 10<sup>th</sup> – 14<sup>th</sup>***

**Summer/Fall Clinics (Ages 7 – 13): Monday & Wednesday 4:30pm- 6:00pm: (\$500)**

☐ ***Clinic 1: July 6<sup>th</sup> – 22<sup>nd</sup>***

☐ ***Clinic 2: August 17<sup>th</sup> – Sept 2<sup>nd</sup>***

☐ ***Clinic 3: Sept. 14<sup>th</sup> – 30<sup>th</sup>***

☐ ***\*Clinic 4: Oct. 12<sup>th</sup> – 21<sup>st</sup> (\$350)***

***\*Clinic 4 rate is adjusted date/time to account for Daylight Savings\****  
***We look forward to a great learning experience with everyone!***

***\*\*prices subject to change without notice\*\****