

Bayside Summer Program & Camp 2018 Registration Form

Return to BaysideRecreation@troon.com

or in-person at The Health & Aquatic Club at Bayside 31264 Americana Parkway, Selbyville, DE 19975

Name (Please print)	Age/Grade	Member #	E-mail Address
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Address	City/State	Zip	Phone
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Program/Camp Name & Date _____ \$ _____

Program/Camp Name & Date _____ \$ _____

Program/Camp Name & Date _____ \$ _____

Program/Camp Name & Date _____ \$ _____

Program/Camp Name & Date _____ \$ _____

Payment can be made by check, credit card, or put onto your member account. Payment for most camps and programs will be required one week prior to the first day.

Credit Card Type: Visa, Mastercard or Discover
 Name on Card: _____

By signing here, I authorize my membership account to be charged for summer programs & camps.

PLEASE PHONE IN 302-436-3550 OR PAY IN PERSON

Signature: _____

Make checks payable to: **Bayside Resort Golf Club**

Permission and Assumption of Risk and Release:

I give my permission for this child to participate in the selected camps and/or programs. I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child, including (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

I, the under signed, in full recognition of the potential hazards that may surround the program, do hereby assume any and all risks in connection with my participation, including my participation in any related activities. Further, I, and on behalf of my heirs, assigns and personal representatives, do hereby defend, hold harmless, indemnify, release, and forever discharge The Bayside Resort Golf Club and Troon Golf, L.L.C., and each of their respective affiliates, owners, directors, officers, agents and employees from and against any and all claims, demands, losses, liabilities, causes of actions, costs and expenses (including reasonable attorneys' fees) involving damage to personal property of The Bayside Resort Golf Club, or personal injury (including death), whether occurring now or in the future, known or unknown, foreseeable or unforeseeable, direct or indirect, and caused by, arising out of or in any way connected with my participation in the program.

Date	Name of Participant	Parent/Guardian Signature on behalf of Minor (under 18) Participant
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Emergency Information: It is of utmost importance that our office has a telephone number available where a responsible person can be contacted in case of accident or illness.

Emergency Contact Name #1	Phone Number
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Emergency Contact Name #2	Phone Number
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For office use

Received Payment	Entered Weekly Lesson on Roster	Stapled Receipt	Put in Binder

