



Cedars Kids Club



Have fun while learning the basic skills, techniques and rules of golf. Beginners and Advanced Players ages 6-15

Session 1: July 5 to July 29
Session 2: August 2 to August 26

Ages 6 to 10:

Group 1:
8:30AM to 10:30AM
Monday and Wednesday
and 5PM to 6:30PM on
Thursday.

Group 2:
11AM to 1PM Monday
and Wednesday and
3PM to 4:30PM on
Thursday

\$600 for 4 week session
includes 10 Round
Junior Pass

Ages 11 to 15:

1:30PM to 3:30PM Monday
and Wednesday
1PM to 2:30PM on Thursday.

\$625 for 4 week session
includes Full Season Junior
Pass

**All group sessions will
be led by a NYS
certified teacher.**

Register in person or
ken@cedarsgolfclub.com



Ron Tauriello returns to Cedars as Lead Instructor for the 2021 Junior Camps. Over the last 19 years, Ron has worked as a teacher, golf instructor, and sports coach. He currently teaches Chemistry in the Bethpage Union Free School District where he also coaches golf and baseball. Prior to his full-time commitment to teaching, Ron worked as an assistant golf professional at Spring Lake Golf Club and Laurel Links Country Club, and he has continued teaching and assisting players of all ages and abilities during summers and weekends. Ron has a BS in Biology from St. Joseph's College and a Masters degree in Liberal Arts from Stony Brook University. He is a Certified US Kids Golf Instructor and is very excited to bring his experience and passion for golf, education, and youth sports to Cedars.

Cedars Golf Camps incorporate the mission of the U.S. Kids Golf Program which emphasizes fun and encourages interaction with family and friends while learning the lifelong game of golf. Golf Instruction will focus on all areas of the game, including putting, chipping, full swing, etiquette and rules. Each week will include on-course competition as well as group and individual instruction.

Cedars Kids Club

REGISTRATION FORM

Child Name: _____ Age: _____ Gender: _____

Address: _____ Parent Phone Number: _____

City: _____ Zip Code: _____ Parent email: _____

Right Handed: _____ Left Handed: _____ Shirt Size: Youth S, M or L Adult S, M or L

SESSION I SESSION II SESSION I & SESSION II
(July) ____ (August) ____ 10% OFF ____

Ages 10 & Under - Circle Preference for Group 1 or Group 2

Group 1 - 8:30am-10:30am M,W & 5pm to 6:30 Th

Group 2 11am-1pm M,W and 3pm to 4:30pm Th

**Ages 10 & Under - Add Full Season Junior Membership Pass for additional \$75.
Includes unlimited golf at all times except during League Play. Tee Time required.
Yes ____ No ____**

ALL CAMPERS MUST BRING AT LEAST ONE PROPERLY FITTED GOLF CLUB AND A PUTTER NO SHARING OF EQUIPMENT IS ALLOWED AND NO RENTAL EQUIPMENT IS AVAILABLE FOR HEALTH REASONS. LUNCH WILL NOT BE SERVED DURING ANY SESSION THIS YEAR FOR HEALTH REASONS.

Custom-fit US Kids Clubs are available for sale. Please indicate if you would like to schedule a complimentary club-fitting.

Yes No
____ ____

Please indicate names of any other campers that you request to be assigned to same group as your child, or any special needs or requests related to your child. We can not guarantee that group requests will be accomodated because of mandatory limits on group size. Thank you for your understanding.

Please check if you would like to deposit any money into your child's camp account for individually packaged snack, beverage or pro shop purchases.

\$10 ____ \$20 ____ \$30 ____

Please E-Mail completed forms to ken@cedarsgolfclub.com or Return to Cedars Golf Club:
305 Cases Lane Ext, Cutchogue, NY, 11935

CEDARS GOLF CAMP
DAILY HEALTH CERTIFICATION FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED EVERY DAY YOUR CHILD ATTENDS CEDARS GOLF CAMP. NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT SUBMISSION OF A SIGNED FORM.

CAMP PARTICIPANT NAME: _____

PARENT NAME: _____

DATE: _____

CERTIFICATIONS – CHECK ALL THAT APPLY:

____ I CHECKED MY CHILD’S TEMPERATURE WITHIN ONE HOUR PRIOR TO CAMP

____ MY CHILD’S TEMPERATURE TODAY WAS _____

____ MY CHILD HAS NOT HAD ANY OF THE FOLLOWING SYMPTOMS WITHIN THE LAST 48 HOURS

- FEVER
- SORE THROAT
- COUGH
- SHORTNESS OF BREATH
- CHILLS
- HEADACHE OR BODY ACHES

____ MY CHILD HAS NOT HAD ANY CLOSE CONTACT WITH A LABAROTORY CONFIRMED COVID 19 PATIENT WITHIN THE LAST 14 DAYS

____ MY CHILD HAS NOT HAD ANY KNOWN CLOSE CONTACT WITH A SUSPECTED/UNCONFIRMED COVID 19 PATIENT WITHIN THE LAST 7 DAYS

CEDARS GOLF CAMP RESERVES THE RIGHT TO DENY DAILY ADMISSION TO ANY CAMP PARTICIPANT, AND TO ISOLATE ANY PARTICIPANT THAT SHOWS SIGNS OF ILLNESS AFTER DAILY DROP OFF.

PARENT ACKNOWLEDGES THAT THEY WILL BE AVAILABLE TO PICK UP THEIR CHILD IF THEY ARE NOTIFIED BY CEDARS OF ANY SIGNS OF ILLNESS

PARENT SIGNATURE: _____

DATE OF SIGNATURE: _____

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS / COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. CEDARS GOLF CLUB has put in place preventative measures to reduce the spread of COVID19; however, CEDARS GOLF CLUB cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the CEDARS GOLF CAMP activities could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending CEDAR GOLF CAMP activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CEDARS GOLF CLUB activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CEDARS GOLF CLUB employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at CEDARS GOLF CAMP activities or participation in CEDARS GOLF CAMP programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the CEDARS GOLF CLUB organization, its owners, employees, agents, subsidiaries, affiliates and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the CEDARS GOLF CLUB organization, its owners, employees, agents, subsidiaries, affiliates and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CEDARS GOLF CLUB programs.

CHILD NAME : _____

SIGNATURE OF PARENT/GUARDIAN:

DATE : _____

PRINT NAME OF PARENT/GUARDIAN NAME OF CEDARS GOLF CAMP PARTICIPANT(S):

CEDARS GOLF OPERATIONS LLC

Junior Golfer _____
(Please Print)

Parent or Guardian _____
(Please Print)

The undersigned is the parent/guardian of the Junior Golfer named above and hereby acknowledges that the execution of this Agreement is a condition to the participation of the Junior Golfer in the Cedars Golf Club Junior Golf Program (hereinafter "Program") operated by Cedars Golf Operations, LLC ("CEDARS"). The undersigned accepts that the sport of Golf and the conduct of the Program entail and are subject to certain inherent risks, and, on behalf of the Junior Golfer, accepts all risks of participation in the Program. Now, therefore, the undersigned hereby agrees as follows:

- 1) The undersigned consents to the participation of the Junior Golfer in the Program.
- 2) The undersigned consents to the participation of the Junior Golfer in all tournaments, clinics, games, recreational activities, lunches, and other events (hereinafter collectively "Events") which are a part of the Program, whether or not specifically named on the registration materials, and acknowledges that said consent is without exception within the limits proscribed within, unless a specific exception is noted herein.
- 3) The undersigned waives any claims against and releases any obligation of CEDARS, and all of their respective owners, employees, agents and all persons acting in any capacity for the conduct of the program in relation to any loss, injury or damage, to the Junior Golfer or to the property of the undersigned or the Junior Golfer to the fullest extent permitted by law.
- 4) The undersigned agrees to reimburse CEDARS and all of their respective members, employees, agents and all persons acting in any capacity for the conduct of the Program for any loss or damage to property, and hold CEDARS harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care by the Junior Golfer.

Signature of Parent/Guardian _____ Dated _____

PARTICIPANT INFORMATION

Home Address: _____ Date of Birth _____ Male / Female
Home Phone (____) _____ Fax (____) _____ E-mail. _____

	Mother	Father
Name		
Work Phone #		
Home Phone #		
Mobile Phone #		

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

Medical Authorization

I hereby authorize an instructor from CEDARS, or an adult who bears this document, to authorize emergency treatment for the Junior Golfer named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of parent or guardian _____ Date _____

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name _____ Home Phone _____ Work Phone _____ Relationship to Golfer _____

Name _____ Home Phone _____ Work Phone _____ Relationship to Golfer _____

**Cedars Golf Operations LLC
LIABILITY WAIVER AND RISK WARNING
MEDICAL TREATMENT AUTHORIZATION
DAMAGE RESPONSIBILITY AND INDEMNITY
EXPENSE GUARANTY**

In consideration of Cedars Golf Operations LLC (“CEDARS”) accepting the applicant named below (Participant) for its Junior Golf Program (Program), the undersigned parent, custodial parent or guardian of the Participant (Parent) and the Participant, for the undersigned Parent and the Participant and their respective heirs, successors, executors administrators and assigns, hereby acknowledge and agree to the following:

The Participant and Parent acknowledge that participation in the Program is voluntary and that such participation involves the risks of serious injury associated with sporting activities. They acknowledge that they are aware of and fully understand these risks and voluntarily accept responsibility for all such risks. The Participant and Parent hereby covenant and agree to waive, indemnify and hold harmless CEDARS, its officers, directors, employees, volunteers and anyone one assisting in or associated with the Program from any and all liability for any claim, demand, suits or causes of action arising out of or connected in any way with Participant's participation in the Program.

The Participant and Parent hereby authorize CEDARS and anyone associated with the Program to administer first aid and to provide and secure emergency medical treatment, and they acknowledge that providing such treatment shall not be construed as an admission of guilt or liability and does not affect the foregoing waiver.

The Participant agrees to respect CEDARS property and the property of others and be responsible for any loss or damage to CEDARS or others’ property caused by him or her that may occur at any time during their participation in the Program or Events. If such damage or loss to someone else’s property does occur, the Participant and Parent agree to indemnify CEDARS from any liability for such any loss or damage and to make payment directly to the affected party.

The Parent agrees to guarantee any and all expenses incurred by the Participant.

The Participant agrees to obey all program rules as set forth by CEDARS Golf Club and the instructors, to use utmost care in the use of equipment, to not engage in horseplay or other disruptive behavior, to not use foul and/or inappropriate language, to behave in a fair and sportsmanlike manner and be considerate of the feelings and property of others. The Participant acknowledges that failure to abide by the rules may result in suspension or dismissal from the Program.

Participant's Name: _____

Participant’s Signature _____

Parent’s Name: _____

Parent's Signature _____

Date: _____