



# The First Tee 2019 Registration

(For participants interested in furthering their education)

## Youth Information

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MN

Zip: \_\_\_\_\_ School: \_\_\_\_\_ Grade Next Year \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Gender: M / F Ethnicity (optional): \_\_\_\_\_

---

## Parent Information

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Parent Address (If the same as above address leave blank): \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

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

---

## Participant Information

First Time Participant: Y / N If no, since when: \_\_\_\_\_ and what previous chapter: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_ Skill Level: \_\_\_\_\_

Previous National School Program Participant: Y / N

---

## Session(s) participant is signing up for

\_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

(



# Participant Permission Form

Today's Date: \_\_\_\_\_  
Participation: \_\_\_New \_\_\_Return  
Member Since: \_\_\_/\_\_\_/\_\_\_

## Youth Information

Name\*: \_\_\_\_\_ Gender\*: \_\_\_Female \_\_\_Male  
(First, Last)  
Address\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Ethnicity:  African-American  Asian-American  Caucasian  Hispanic  Native-American  Pacific Islander  Other: \_\_\_\_\_  
Birth Date\*: (\_\_\_\_/\_\_\_\_/\_\_\_\_) School: \_\_\_\_\_ Grade Level\*: \_\_\_\_\_  
Health Information: \_\_\_\_\_ Disability Information: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Last)  
E-mail Address\*: \_\_\_\_\_ Phone:(day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Are you or will you be requesting full or partial financial assistance for program fee? Y or N  
Participation Consent Form completed by:  Mother  Father  Legal Guardian

## Health Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.  
Parent/Guardian Initials: \_\_\_\_\_

## Equipment

I understand that any golf equipment received for use is the property of The First Tee program, and may be returned at the discretion of The First Tee facility upon the termination of the participant's involvement in the program.  
Parent/Guardian Initials: \_\_\_\_\_

## Media Release

I hereby give The First Tee Chapter, Home Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.  
Parent/Guardian Initials: \_\_\_\_\_

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and Home Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or Home Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Home Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

\*Required youth information for registration.