

2017 Registration

Is your child: New to Program? ____ Returning ____?
If returning, what First Tee level is your child?

How did you hear about The First Tee of Central Valley? Friends ____ Internet ____ Newspaper ____
Other (specify) _____

Participant Name: _____

Gender: Male ____ Female ____

Home Address: _____

City: _____ **Zip:** _____

Ethnicity (circle): *African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other*

Birth Date: (____ / ____ / ____)

School: _____ **Grade Level:** _____

Health Info (Allergies, Med or special needs):

Parent/Legal Guardian: _____

Relationship: _____

Email Address: _____

Home Phone: _____

Cell Phone _____

Household Income: *(Optional)*

Emergency/Health Information

Emergency Contact: _____

Relationship: _____

(If not parent or guardian)

Primary Phone Number: _____

Secondary Phone Number: _____
.....

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/ guardian.

Parent/Guardian Initials: _____
.....

Media Release

I hereby give The First Tee Chapter, Headquarters 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: _____
.....

Parent/Guardian Consent

.....

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 Headquarters 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 Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature:

Date: ____/____/____

Class Selection(s)

1st selection:

Program Site: _____

Class Title: _____

Day of week. _____ Time _____

Cost: \$ _____


2nd selection:

Program Site: _____

Class Title: _____

Day of week _____ Time _____

Cost: \$ _____

Mark  circle that applies

Add NCGA Youth on Course \$8 (optional)

Add LPGA Girls Golf FREE (optional)

Sub-Total Payment: _____

Apply Discounts: _____

Grand Total: _____

Note: Each participant requires a completed form. Upon completion of registration form, please enclose payment and mail or drop off directly to:

The First Tee of Central Valley
812 14th Street, Modesto CA 95354
.....

Admin use only:

Received by _____

Payment by: Cash, Check or Money order

Posted: Initials _____ **Date:** _____

Honesty Integrity Perseverance

Courtesy Responsibility Respect

Judgment Sportsmanship Confidence