



The First Tee 2024 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 _____

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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.