The First Tee of Indiana
Registration Form

Programming Fee: $

Today's Date: _____
Participation: ____*New* ___*Return*

YOUTH INFORMATION

Name: _____ *Gender:* ☐ *Female* ☐ *Male*
(Last, First)

Address: _____ *City:* _____ *State:* ____ *Zip Code:* _____

Ethnicity: ☐ *African-American* ☐ *Asian-American* ☐ *Caucasian* ☐ *Hispanic* ☐ *Native-American* ☐ *Pacific Islander* ☐ *Other* ☐ *don't wish to respond*

Birth Date: (_____/_____/_____) *School* _____ *Completed Grade Level:* _____

*The First Tee Certification Level (if returning):*_____ *T-Shirt Size:* _____ *R or L Handed?* *(circle one)*

Height: _____ *Does this child qualify for the Free/Reduced Lunch Program?* ☐Yes ☐No

PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____ *Father/Guardian:* _____
(Last, First) *(Last, First)*

E-mail Address (primary): _____

Phone: (day) _____ *(eve)* _____ *(addt'l)* _____

Military Branch (if applicable): ☐*Air Force* ☐ *Army* ☐*Marines* ☐*Navy*

Participation Consent Form completed by: ☐ *Mother* ☐ *Father* ☐ *Legal Guardian or other:* _____

SESSION SIGN-UP AND RELEASES

Session Sign Up

Location: _____

Session Date(s): _____

Session Time(s): _____

Level: _____

Media

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: _____

Equipment

Will your child need to borrow a set of clubs? ☐Yes ☐No

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 end of the participant's involvement in the program.

Parent/Guardian Initials: _____

Health

Does your child have any allergies or conditions the coaches should be aware of, physical or behavioral? If yes, please explain:

_____

_____

Special Needs: _____

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: _____

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 agreemen t 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:* _____

Please Print Name: _____

Revised May 2019