



2017 YOUTH REGISTRATION & PERMISSION FORM

Complete 1 form for each participant. Mark each category that applies. Space is limited.

Find us on:



Fall Tour (9 week session: Sept. 9 – Nov. 4, ages 7-17)

Program: _____ **PLAYer** (all participants required to begin at PLAYer level)
Class Time: 9:00 am – 10:00 am (rain or shine)

_____ **PAR** ** (must be PLAYer certified and pass test before enrolling at this level)
Class Time: 10:30 am – 11:30 am (rain or shine)

_____ **Birdie** - Begins Friday, Sept. 8, 9:00 – 10:30 am (Rain or Shine)
** (must be PAR certified and pass test before enrolling at this level)

Location: Greenhorn Creek Resort – 711 McCauley Ranch Rd., Angels Camp, CA

** For more information and inquiries contact Site Director Chris Borrego at 209-559-1996

PROGRAM FEE(S) (Cash or personal check (Checks payable to The First Tee of SJ))

9-Week Tour: \$60 (The First Tee golf cap incl.)	Paid by: (circle)	Check #	Cash
	Received by: (initial)		

"Golferships" available for those with financial challenges. For information, contact Executive Director.

Youth Information (Please complete all categories.)

RETURNING PARTICIPANT: _____ NEW PARTICIPANT: _____

Name: _____ Gender: Female _____ Male _____ Age _____
(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 (Allergies, Med): _____ Disabilities or Medical Problems _____

Parent/Legal Guardian: _____ Relationship: _____
(First, Last)

E-mail Address: _____ Phone: _____ Cell: _____

Household Income: Below 10,000/yr 10,000- 24,999,/yr 25,000-49,999/yr 50,000-74,999/yr 75,000-99,999/yr

How did you hear about The First Tee of San Joaquin? _____

Participation Consent Form completed by: Mother Father Legal Guardian Other-Specify _____

Is parent in military or National Guard? Active _____ Reserves _____ Branch: _____

PARENT/GUARDIAN VOLUNTEER INFORMATION: I would be happy to assist in one or more of the following areas:

Coaching	Registration	Fund Raising	Equipment set-up	Other:
----------	--------------	--------------	------------------	--------

The First Tee of San Joaquin - P.O. Box 77919 - Stockton, CA 95267

SJJGF/The First Tee of San Joaquin is a 501 C3 non-profit corporation, Tax ID#: 68-0460495

Don Miller, Executive Director: ED@thefirstteesanjoaquin.org (209) 915-8300 www.thefirstteesanjoaquin.org

Chris Borrego, Program Director: cmbppga@gmail.com (209) 559-1996

Emergency / Health Information Please complete all categories.)

Emergency Contact: _____ **Relationship:** _____
(if parent/guardian cannot be reached)

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/ 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, 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: _____

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:** _____

Please Print Name: _____

The First Tee Nine Core Values

Honesty ... Integrity ... Sportsmanship ... Perseverance ... Respect ... Confidence ... Responsibility ... Judgment ... Courtesy

The First Tee Nine Healthy Habits

Play ... Energy ... Safety ... Mind ... Family ... Vision ... Friends ... School ... Community



The First Tee of San Joaquin - P.O. Box 77919 - Stockton, CA 95267
SJJGF/The First Tee of San Joaquin is a 501 C3 non-profit corporation, Tax ID#: 68-0460495
Don Miller, Executive Director: ED@thefirstteesanjoaquin.org (209) 915-8300 www.thefirstteesanjoaquin.org
Chris Borrego, Program Director: cmbppga@gmail.com (209) 559-1996