

2018 YOUTH REGISTRATION & PERMISSION FORM

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

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Fall Tour (9 week session: Sept. 8 – Nov. 3, ages 5-17)

Program: ___ **Target** (5-6 yr. olds) 8:30 – 9:15 am. Saturdays The Reserve Driving Range, 6301 W. Eight Mile Rd.

___ **PLAYER** (all participants required to begin at PLAYER level – must be 7 yrs, old) Saturdays at: The Reserve Driving Range

** Please choose one class time: ___ 8:30 – 9:30 am **or** ___ 9:45 – 10:45 am

___ **PAR** (must pass PLAYER level) Saturdays at Swenson, Par 3 Course. Class time: 8:30 – 10:00 am

___ **Birdie** (must pass PAR level) Saturdays 10:00 – 11:30 am at Swenson all 9 weeks.

___ **Eagle** (must pass Birdie level) Saturdays 10:00 – 11:30 am at Swenson all 9 weeks.

___ **LPGA/USGA Girls Golf** Tuesdays 3:30 - 4:30 pm. 9/11, 9/18, 9/25 at The Reserve. 10/2, 10/9, 10/16 at Swenson.

** Additional 6 week bonus class for girls – **must be registered in The First Tee Program.**

* See Program Director or Executive Director for Program schedule and description of classes for each 9-week tour *

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

\$60 Target & Player (The First Tee golf cap incl.) \$70 PAR, Birdie, & Eagle	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:
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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



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