



Participant Permission Form

For Office Use:
 Membership: New Returning
 Paid: _____
 (circle) Cash Check Credit Card
 Member Card Given: Yes No
 Staff Entering Data: _____

Participant Information

Name: _____

Gender: ___ Female ___ Male Birth Date: (_____/_____/_____)

Address: _____ City: _____ State: ___ Zip: _____

Ethnicity: *African-American Caucasian Hispanic Asian-American Native-American Pacific Islander Multi-Racial Do Not Wish to Respond*

School: _____ Grade Level: _____

Father/Guardian Name: _____ Phone: _____

Mother/Guardian Name: _____ Phone: _____

*****ATTENTION PARENTS – EMAIL ADDRESS REQUIRED FOR COMMUNICATION PURPOSES*****

Primary Email: _____ Secondary Email: _____

Family Income: <\$10,000 \$10,000 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 >\$100,000 Do Not Wish to Respond

** For those seeking a scholarship, the Family Income section is required.

Health Information

Are there any medical conditions (allergies, medications, etc.) or disabilities that may have a bearing on your child’s participation in The First Tee program? ___ No ___ Yes. If yes, please explain (attach additional sheet if needed): _____

Emergency Contact: _____ Relationship: _____
(other than parent/guardian)

Phone: _____ Email: _____

Medical Emergency Statement:

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 chapter, and must be returned at the discretion of The First Tee chapter upon the termination of the participant’s involvement in the program.

Parent/Guardian Initials: _____

Media Release

I hereby give my permission to The First Tee chapter, home office and their authorized licensees to utilize without compensation or further notice the participant’s likeness, image, voice, name and/or their words incidental to any print, photographs, audio, video, television, radio, the Internet, social network or any other form or medium now known or hereafter devised for the purpose of promoting The First Tee, their authorized licensees or for any other lawful purpose. The media will become the property of The First Tee.

Parent/Guardian Initials: _____



Access for All

Services are provided to people of all abilities. If you need a reasonable accommodation, please inform staff at registration at least five business days prior to the start date of the program/class. Each request will be assessed in compliance with the ADA. A supplemental information packet must be filled out and returned to The First Tee of Central Arkansas.

Does the participant require assistance/special accommodation to participate? No Yes

Scholarship Request

Children, 5 to 17 years of age, can request a scholarship to become a member. Approved scholarship recipients will receive a waiver or partial waiver of the annual membership fees, program fees, and other benefits. Scholarships are available for children from those groups identified by the National Golf Foundation research as underrepresented in golf: youth with financial needs, girls, minority youth, and youth with disabilities.

Is the participant requesting a scholarship to participate? No Yes

Membership Fee

The annual membership fee is \$200 per participant. This fee enables The First Tee of Central Arkansas to cover part of our cost in providing learning facilities and educational programs for our participants.

Credit Card Number: _____ Exp Date _____ CCV #: _____

Name as it appears on card: _____

Signature for Charge: _____ Date: _____

Parent/Guardian Agreement

I, as the parent/guardian of the above named participant, give approval for his or her participation in The First Tee sponsored activities. In full recognition of the dangers and hazards inherent in a golf and youth development program, I assume all risks of injury whatsoever and agree to release and hold harmless The First Tee chapter and the other released parties from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee program. This assumption of risk, release and hold harmless agreement includes, but is not limited to, any claim due to injury or loss proximately resulting from negligence of The First Tee chapter, home office and each of their respective directors, officers, employees, agents, LPGA and PGA professionals, volunteers, youth participants and participating agencies (the released parties) to the fullest extent provided by law.

The First Tee of Central Arkansas is a drop in facility, not a licensed day care. The First Tee operates under the open door policy and assumes no responsibility for the time or manner in which members/participants arrive at or leave from The First Tee of Central Arkansas property. Parents/Guardians who wish a member/participant to remain on the property must work this out with their child.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____

Participant Permission Form completed by: Mother Father Guardian

Fax: 501.562.4693
Email: support@thefirstteear.org