

2022



First Tee - NH at North Conway Country Club
Program Registration and Permission Form
(Please complete both pages)



Registration Deadline is Monday, July 4th

Today's Date \_\_\_\_\_ New Participant? [ ] Yes [ ] No Returnee? [ ] Yes [ ] No Participant Since \_\_\_\_\_ /20\_\_\_\_
Participation Consent Form completed by: [ ] Mother [ ] Father [ ] Legal Guardian

Youth Information:

Name: \_\_\_\_\_ Gender: [ ] Female [ ] Male
(First, Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (\_\_\_\_/\_\_\_\_/\_\_\_\_) School: \_\_\_\_\_ School Grade Level: \_\_\_\_\_
MM DD YYYY

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_
(First, Last)

E-mail Address\*: \_\_\_\_\_ Phone \_\_\_\_\_ [ ] Work [ ] Home [ ] Cell

Ethnicity: [ ] African-American [ ] Asian-American [ ] Caucasian [ ] Hispanic [ ] Native-American [ ] Pacific-Islander
[ ] Other \_\_\_\_\_ [ ] I do not wish to respond

Health and Emergency Information:

Please list any allergies, disabilities or other health issues that we should know about: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship/Phone#: \_\_\_\_\_ /
(if parent/guardian cannot be reached)

Alt Emergency Contact: \_\_\_\_\_ Relationship/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 First Tee Chapter representatives. I hereby give permission to the medical personnel
selected by 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: \_\_\_\_\_

Golf Information:

Please Check: [ ] Right Handed [ ] Left Handed [ ] Don't Know
Golf Clubs Needed? [ ] I will bring my own clubs [ ] I will need clubs provided
Amount of Golf Experience: [ ] None [ ] Very Little [ ] Moderate [ ] Quite a bit [ ] A lot

First Tee - New Hampshire at North Conway Country Club

PO Box 555, North Conway, NH 03860 • 603-356-9391

Registration Deadline is Monday, July 4th

As a 501(c) 3 organization, First Tee - New Hampshire may accept gifts and bequests.

*Registration Deadline is Monday, July 4th***Program Selection and Payment - Please check the boxes below for the dates you plan on attending:**

2022 Schedule					
Ages 11-16 9:00AM-10:15AM	Dates Attending		Ages 6-10 10:30-11:30AM	Dates Attending	
	Thursday, July 7	<input type="checkbox"/>		Thursday, July 7	<input type="checkbox"/>
	Thursday, July 14	<input type="checkbox"/>		Thursday, July 14	<input type="checkbox"/>
	Thursday, July 21	<input type="checkbox"/>		Thursday, July 21	<input type="checkbox"/>
	Thursday, July 28	<input type="checkbox"/>		Thursday, July 28	<input type="checkbox"/>

Total Amount Due: \$20 Amount Paid: \_\_\_\_\_*I wish to make an additional separate donation to support First Tee - New Hampshire (\$5 min) Donation Amount \$\_\_\_\_\_***Program Payment Type:**  Check  Cash*Please make check payable to Kevin Walker and mail/drop off completed form to address below.***Equipment:** *I understand that any golf equipment received for use is the property of First Tee program and may be returned at the discretion of 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:** \_\_\_\_\_

Youth Name (please print): \_\_\_\_\_

*I, the parent/legal guardian of the above-named youth, give approval for participation in First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with 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 First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.***Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Print Name: \_\_\_\_\_

*Please make check payable to Kevin Walker and mail/drop off completed form to address below.***First Tee - New Hampshire at North Conway Country Club**

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