



DODY's Kids Golf Program 2024 Program Registration and Permission

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: _____ Birth Date (____/____/____) School Grade Level: _____
MM DD YYYY

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

E-mail Address: _____ Phone (W): _____ (H): _____ (C) _____

I heard about The First Tee from: Friend TV/Media Attended in-school program at: _____

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)

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

Amount of Golf Experience: None Very Little Moderate Quite a bit A lot

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 The First Tee facility upon the termination of the participant's involvement in the program. **Parent/Guardian Initials:** _____

Media Release: I hereby give 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 submit completed form to Brian Stowell. Thank you!