



2025
First Tee - NH at FORE-U Golf Center
Program Registration and Permission Form
(Please complete both pages)



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: _____ School Grade Level*: _____
 MM DD YYYY

*To help us measure the success of our program, please provide your child's current average scholastic grade (A, B, C, D or F): _____

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

E-mail Address*: _____ Phone _____ ☐ Work ☐ Home ☐ Cell

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)

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 (FTNH has plenty available)
 Amount of Golf Experience: ☐ None ☐ Very Little ☐ Moderate ☐ Quite a bit ☐ A lot

First Tee - New Hampshire at Fore-U Golf Center

298 Plainfield Road, West Lebanon, NH 03784 • 603-298-6884

To Sign Up: Contact Peter Harris at (603) 298-6884 or email harris peter123@gmail.com

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

Program Selection and Payment - Please circle session/camp selection(s) on Schedule:

Not a school sponsored activity.

2025 Schedule				
Dates	Time	Ages	Cost	Location
FT - Spring Break 4/15, 4/16, 4/17 (Tues-Thurs)	1pm-4pm	8-15	\$295	Fore-U
FT - Junior Golf 5/8, 5/15, 5/22, 5/29 (Thursdays)	4:30-5:30pm	8-15	\$100	Fore-U
FT - Junior Camp 1 - 7/8, 7/9, 7/10 (Tues-Thurs)	1pm-4pm	8-13	\$295	Fore-U/Carter CC
FT - Junior Camp 2 - 7/22, 7/23, 7/24 (Tues-Thurs)	1pm-4pm	8-13	\$295	Fore-U/Carter CC
FT - Junior Camp 3 - 8/19, 8/20, 8/21 (Tues-Thurs)	1pm-4pm	8-13	\$295	Fore-U/Carter CC
Learn to Swing - 7/10, 7/17, 7/24, 7/31 (Thursdays)	3:30-4:30pm	5-7	\$100	Fore-U
Learn to Swing - 7/11, 7/18, 7/25, 7/31 (Thursdays)	4:30-5:30pm	8-13	\$100	Fore-U
Build Your Own Junior Camp (2-3 Camps Available) Monday thru Saturday. Call to Inquire.	3 Hours per Day	5-17	\$295	Fore-U/Carter CC

Total Amount Due: _____ Amount Paid: _____

I wish to make an additional separate donation to support First Tee - New Hampshire (\$5 min) Donation Amount \$ _____

Program Payment Type: ☐ Check ☐ MasterCard ☐ Visa

Credit/Debit Card Number: _____ Expiration Date: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

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 Peter Harris and mail/drop off completed form to address below.

First Tee - New Hampshire at Fore-U Golf Center

298 Plainfield Road, West Lebanon, NH 03784 • 603-298-6884

To Sign Up: Contact Peter Harris at (603) 298-6884 or email harrispete123@gmail.com

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