



THE FIRST TEE OF CENTRAL OHIO
Participant Application (Completed by a Parent/Guardian)

Participant Information

Name(Last) _____ (First) _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Email Address** _____

Gender Male Female **Birthdate** / /

School District _____ **School Name** _____

Ethnicity Asian African–American Latino/Hispanic Multi-Racial Native American
Pacific Islander White/Caucasian Other _____

Participant Lives with Both Parents Mother Father Grandparent Legal Guardian

Family Information

Father/Male Guardians Name:

Phone () _____ **Email:** _____

Mother/Female Guardians Name:

Phone () _____ **Email:** _____

Emergency Contact Information

Name _____

Relationship to Child _____

Phone () _____ **Email** _____

Indicate any allergies or physical concerns that we should be aware of below.

Session and Payment Information

Today's Date _____

Season Spring Summer Fall Winter

Program (Circle one)

Target Player Par Birdie
Eagle Girls Golf Caddie Program Other _____

Payment Method Cash (in person) Check Credit Card Requesting Financial Aid

Make checks payable to The First Tee of Central Ohio

Please Mail to the following address:

The First Tee of Central Ohio
Student's Full Name
7309 E Livingston Ave., PO Box 3
Reynoldsburg, OH 43068

Credit (circle one) Visa MasterCard Discover American Express

Credit Card Number _____

Expiration Date (mm/yy) _____ **CVV#** _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Cardholder Signature _____ **Date** _____

Financial Assistance is Available to those who qualify.

_____ I am interested in applying for financial assistance

What is your household income? Under \$15,000 \$15,000-50,000 over \$50,000

How many people are in your household?

Are you receiving free or reduced lunches? Yes No

Are you experiencing a financial hardship? Yes No

Disclaimers

Medical Disclaimer

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.

Please initial to approve Medical Disclaimer _____

Equipment Disclaimer

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.

Please initial to approve Equipment Disclaimer _____

Media Release Disclaimer

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.

Please initial to approve Media Release Disclaimer _____

Hold Harmless Agreement

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee of Central Ohio sponsored activities during calendar year 2019. 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. This consent form is valid for all activities of The First Tee of Central Ohio for the calendar year of 2019.

Please initial to approve Hold Harmless Agreement _____