Participant Permission Form

The First Tee of Greater Albuquerque

11024 Montgomery Blvd NE, #243, Albuquerque, NM 87111
(505)-358-8419 firstteealbuquerque@gmail.com

Skill Level: **Player** **Par** **Birdie** **Eagle** **Ace** **Program Session:** **SUMMER 2014**

○ **Needs Clubs** (Student's Height)_____ft____in (circle) Ring Handed or Left Handed

Student's First Name_____ Middle Initial_____Last Name _____

Address_____Birth Date_____/_____/_____Gender: M / F

City _____ State_____Zip_____

School Name _____ Grade:_____Age _____

Health Conditions:_____Disability:_____

Ethnicity (optional): ❍ African-American ❍ Asian-American ❍ Caucasian ❍ Hispanic ❍ Native-American ❍ Pacific Islander ❍ Other

Parent/Guardian's First Name _____Middle Initial___Last Name _____Suffix_____

Home Phone (____)_____Work (____)_____Cell (_____)_____

***Email is our primary method of chapter communication ***

Parent's Email _____

Family Income: ❍ Below $24,999 ❍ $25,000-$49,999 ❍ $50,000-$74,999 ❍ $75,000-$100,000 ❍above $100,000

Participant Permission form completed by: ❍ Mother ❍ Father ❍ Legal Guardian ❍ Other_____

Emergency Contact/Physician Information:

Physician's Name & Phone_____Emergency Contact Person_____Phone_____

I ACKNOWLEDGE, agree, and represent that I understand the nature of the Athletic Activities involved and that (student)_____is qualified, in good health, and in proper physical condition to participate in such activity.

I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISK AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by my own actions, or interactions, the actions or inactions of others participating in the Activity, the condition in which the activity takes place, or the negligence of the Releases named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

In the event 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 representatives. I hereby give permission to all medical personnel selected by the First Tee representatives to secure any and all advised hospitalization, medical, dental and or surgical treatment. In the event that such medical attention is needed by a healthcare professional, all costs of such care shall be borne by the parent or guardian.

Parent/Legal Guardian Signature:_____

Equipment: **Parent/Guardian Initials:**_____
I/We hereby understand that any golf equipment received for use is property of The First Tee Program, and must be returned upon termination of the participant's involvement in the program.

Media Release: **Parent/Guardian Initials:**_____
I/We hereby give The First Tee and participating agencies permission to use any film, videotape and photographs of the above minor for lawful promotion or informational purposes.

AND I, the minor's parent and/or legal guardian, understand the nature of the Athletic activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS The First Tee of Greater Albuquerque from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by negligence of The First Tee of Augusta or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS The First Tee of Greater Albuquerque from any litigation expenses, attorney fees, loss liability, damage, or cost it may incur as the result of any such claim.

Parent/Guardian Name (Print)_____**(Signature)**_____**Date**_____

Registration Form

Summer Classes. Albuquerque Golf Training Center

Group 1 & 2	7-9 year olds.	Group 3 & 4	10-12 year olds
Group 5 & 6	13-15 year olds	Group 7-8	16 and older

MONDAY & WEDNESDAY- Beginning July 7 through August 4 (Nine Classes)		**☑ Class**
8:30-10:00	PLAYer Level Group 1	☐
10:00-11:30	PLAYer Level Group 2	☐
11:30-1:00	PLAYer Level Group 3	☐
2:00-3:30	PLAYer Level Group 4	☐

TUESDAY & THURSDAY- Beginning July 8 through August 5 (Nine Classes)		**☑ Class**
8:30-10:00	PLAYer Level Group 5	☐
10:00-11:30	PLAYer Level Group 6	☐
11:30-1:00	PLAYer Level Group 7	☐
2:00-3:30	PLAYer Level Group 8	☐

Registration Fees

Annual Membership — $25.00 per student

Includes The First Tee golf cap, t-shirt and membership card. Membership card entitles holder to 50% discounts on range balls and green fees at the Golf Training Center. Access to classes in Spring, Summer and Fall.

Summer Session — *$50.00 per student

The Life Skills Experience program consists of 9 classes, 1 hour and 15 minutes long, presented over 5 weeks.

Golf equipment is furnished for students if needed.

* $40 for additional students same family

□ Financial Assistance Requested.

TOTAL **$** _____

□ Check. Payable to: The First Tee of Greater Albuquerque

□ Credit Card. (Visa, MasterCard, Discover, American Express)

_____ _____/_____

Account number Valid Thru

Signature (required)_____

Name on Credit Card_____

Billing Address _____

City, State, Zip_____

Telephone_____

Return Both Pages

The First Tee of Greater Albuquerque

11024 Montgomery Blvd NE, # 243 Albuquerque, NM 87111

505-358-8419 ▪ **firstteealbuquerque@gmail.com**