



REGISTRATION FORM

Junior Name (Last, First, Middle) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone or Mobile _____

Parent/Guardian 1 _____ Work Phone _____

Parent/Guardian 2 _____ Work Phone _____

Birth Date / / Female Male Right Handed Left Handed

School _____ Grade _____

Parent/Guardian 1 E-mail _____

Parent/Guardian 2 E-mail _____

Junior Golfer's E-mail _____

Ethnicity: African-American Asian-American Caucasian Hispanic
 Native American Pacific Islander Other Decline to Answer

Does this student have any health or medical conditions the instructor/site coordinator should be aware of to ensure the safety of your child as well as those also participating in the class? (Allergies, asthma, history of seizures)

No Yes If yes, please explain briefly. _____

If a parent or guardian can not be reached please contact the person listed below

Name _____ Relationship (Neighbor, aunt, etc) _____

Phone _____ Alt. Phone _____

I, the parent/legal guardian of the youth named above, give approval for participation in The First Tee of Los Angeles and related activities. I assume all risks of injury whatsoever and agree to hold harmless the Los Angeles Junior Chamber of Commerce and The First Tee of Los Angeles from claims of any nature arising from any activity including transportation connected with The First Tee of Los Angeles. This waiver includes, but is not limited to any claim due to injury proximately resulting from negligence of The First Tee of Los Angeles, The Los Angeles Junior Chamber of Commerce, its employees, agents instructors, participating agencies, volunteers, The First Tee home office and its oversight organizations. _____ (Parent/Guardian Initials)

In the event that I can not be reach in an emergency I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention as deemed necessary by representatives of The First Tee of Los Angeles. I hereby give permission to the medical personnel selected by The First Tee of Los Angeles representatives to secure any and all advised hospitalization, medical, dental and/or surgical treatment. In the event that such medical attention is needed, from a healthcare provider, I agree that all costs shall be the responsibility of the parent/guardian. _____ (P/G Initials)

I understand that there is a registration fee payable upon enrollment into a class. I also understand that I will be responsible for equipment provided by The First Tee of Los Angeles and that all equipment remains property of the program and must be returned at the discretion of The First Tee of Los Angeles upon termination of the participant's involvement in the program. _____ (P/G Initials)

I hereby give The First Tee of Los Angeles, The First Tee Home office and participating agencies permission to use any photographs, film, video or audio recordings of the minor named above for lawful promotional and/or marketing materials produced by The First Tee of Los Angeles, Los Angeles Junior Chamber of Commerce and its charity foundation, The First Tee home office, the PGA or LPGA Tours or related agencies. _____ (P/G Initials)

Parent/Legal Guardian Signature _____ Date _____

Mother Father Legal Guardian Junior Signature _____