



# HIGHLAND FIRST TEE JUNIOR REGISTRATION FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Level	Session #	Date of First Class	Cost
Level	Session #	Date of First Class	Cost
Level	Session #	Date of First Class	Cost

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Level	Session #	Date of First Class	Cost
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League 1<sup>st</sup> Choice Tee-Time: \_\_\_\_\_ 2nd Choice Tee-Time: \_\_\_\_\_

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

If League-Above please print above Junior's Friends Names you'd like to play with and preferred tee-time.

Phone: H: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent 2<sup>nd</sup> E-mail or rewrite above email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Does your junior need clubs? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, clubs will be provided for free

Is there anything we should know about the student's health, such as allergies, asthma, food intolerance, medications that he or she takes? NO \_\_\_\_\_ If YES \_\_\_\_\_, please describe: \_\_\_\_\_

### Participant Permission Form (Please sign below)

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.

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. I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee of St. Paul 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.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Ways to register: (You also can register & pay online [www.thefirstteetwincities.org](http://www.thefirstteetwincities.org))

\_\_\_\_\_ I already signed up online and now I'm sending in Check payment

(Please include Juniors name & Class Numbers on check)

\_\_\_\_\_ I'm mailing this Registration Form with Check

Please Send Registration to:

The First Tee of Twin Cities

1403 Montreal Ave, St. Paul, MN 55116

_____ Total (From above)
— _____ *Discounts
= _____ Total <b>Thank you!</b>
Check # _____
<i>Make Checks to: The First Tee of Twin Cities</i>

\*Discounts: multiple children discounts or multiple class discounts. You can receive \$5 Off per person or per class for any two or more classes or camps. No discount for one class, some examples: Sign up for 2 camps at \$99, then \$94 per camp = \$10 savings

Questions: [www.thefirstteetwincities.org](http://www.thefirstteetwincities.org) Franco 651- 315-5266 [fzer0@hotmail.com](mailto:fzer0@hotmail.com)

Range 651-695-3776 Clubhouse 651-695-3774