



# SPRING BREAK GOLF CAMP

MARCH 31-APRIL 2, 2015

OR

APRIL 7-9, 2015

## 1 Please Tell Us About Yourself

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Female \_\_ Male \_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

2 Phone #s \_\_\_\_\_/\_\_\_\_\_ Email \_\_\_\_\_

Will you need clubs?  yes  no  Left-handed  Right-handed

Ethnicity:  African-American  Asian-American  Caucasian  Hispanic/Latino  Native American  Pacific Islander  Other

## 2 Choose Your Session

Date	Time/Level	Location
March 31-April 2	10:00 – 12:00pm <b>PLAY</b> er	Suntides GC
	12:30-2:30pm <b>PAR &amp; Up</b>	Suntides GC
April 7-9	10:00 – 12:00 <b>PLAY</b> er	Suntides GC
	12:30-2:30pm <b>PAR &amp; Up</b>	Suntides GC

## 3 Payment Information

Program Fee for Spring Break = **\$30**

Choose Payment Method:

We would like to have scholarship (full fee waiver) for our Participant

Payment Enclosed:

Check (Make checks out to The First Tee of Yakima)

Visa  MC,  Disc  AmEx Expire Date \_\_\_/\_\_\_/\_\_\_

Name on Card \_\_\_\_\_ # on Card \_\_\_\_\_

I would like to sponsor another child by providing a \$30 scholarship. \_\_\_\_\_ Yes \_\_\_\_\_ No

## 4 Medical Information

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
(If parent/Guardian cannot be reached)

Phone \_\_\_\_\_

Any Medical issues we should be aware of? \_\_\_\_\_

Does the Participant have an IEP or Section 504 Accommodation Plan on file with school district? \_\_\_ Yes \_\_\_ No

*If yes, you will be contacted by a staff member with The First Tee of Yakima to determine how to best accommodate the Participant. Please call our office at 509-949-6349 with any questions you may have.*

## 5 Authorization

### MEDICAL

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 of Yakima representatives. I hereby give permission to the medical personnel selected by The First Tee of Yakima 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/guardian.

Parent/Guardian Initials \_\_\_\_\_

### EQUIPMENT

I understand that any golf equipment is received for use is the property of The First Tee of Yakima program, and may be returned at the discretion of The First Tee of Yakima upon termination of the participant's involvement in the program.

Parent/Guardian Initials \_\_\_\_\_

### MEDIA RELEASE

I hereby give The First Tee of Yakima, TFT Home Office, and participating agencies permission to use film, video tape, and/or photographs of the above mentioned minor for lawful promotion/informational purposes.

Parent/Guardian Initials \_\_\_\_\_

I, the parent/legal guardian of the above named youth, give approval for the participation in The First Tee of Yakima sponsored activities. I assume all risks of injury whatsoever, and agree to hold harmless The First Tee of Yakima and TFT Home office from claims(s) of any nature arising from any activity, including transportation, connected with The First Tee of Yakima or its programs. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee of Yakima, TFT Home Office, its employees, agents, LPGA and PGA Professionals, programming golf facilities, participating agencies and volunteers. I consent to The First Tee of Yakima and TFT Home Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6 Register

Return your completed registration and payment to:

Mail: **The First Tee of Yakima**  
**P.O. 787**  
**Yakima, WA 98907-0787**

In Person: Our office is at Suntides GC just  
north of the Suntides RV Park.  
Call first to make sure someone  
is there 949-6349 or 731-2722.

Email: Scan the signed document, attach and email to: [info@thefirstteeyakima.org](mailto:info@thefirstteeyakima.org) and send payment by mail unless paying by credit card.

Please call if you have any questions 731-2722.

