



Headwaters Golf Course 2017 Registration Form



Participant information

Name: _____ D.O.B. ____/____/____ Male____ Female____

Have you been a First Tee Participant before? YES NO ...if yes, when? _____ level? _____

School: _____ Grade for 2016-17 School Year: _____

Report Card for A/B Honor Roll: YES NO Report Card attached to this document? YES

Ethnicity: _____ Caucasian _____ African-American _____ Hispanic _____ Asian-American _____ Native-American
_____ Pacific Islander _____ Multi-Racial _____ Other _____ do not wish to respond

T-Shirt Size: YS YM YL AM AL Who is your most positive role model: _____

Favorite Athlete: _____ Other Activities: _____

2017 Summer Schedule:

1:00 – 2:00 PM (\$80.00) Tuesday Wednesday Thursday

Camp week (\$50.00) Aug. 15-17 1:00-2:30

Sessions will begin on June 21st^h and end on August 9th

Will not have class on July 5th for Holiday

***Please note: Maximum number of participants per class is 25. The first 25 paid and submitted registration forms will be admitted. Minimum number of participants is 10. Class may be cancelled due to lack of participation. If this occurs, you will be contacted and offered an additional time.**

Parent Information

Mother Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of employment: _____ Phone: _____

Email: _____ Are you interested in volunteering: Yes _____ No _____

Are you or have you been a military personnel? YES NO Branch: _____ Rank: _____

Father Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of employment: _____ Phone: _____

Email: _____ Are you interested in volunteering: Yes _____ No _____

Are you or have you been a military personnel? YES NO Branch: _____ Rank: _____

Emergency Contact, Medical Information and Release

Name: _____ Phone: _____ Cell Phone: _____

Allergies? _____ Medical conditions? _____

Primary care physician? _____ Phone _____

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 Montana. I hereby give permission to the medical personnel selected by TFT of MT representative to secure any and all medical hospitalization, dental and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

(parent initials _____)

Media Release

I hereby give The First Tee of Montana, Headquarters Office and participating agencies permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or informational purpose.

(parent initials _____)

Authorization

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 Montana 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, professionals, participating agencies and volunteers. I consent to The First Tee of Montana and Headquarters Office communicating information regarding my child's participation via the Internet.

Parent signature _____ date _____

Participant signature _____ date _____

Pick Up Release

_____, has my permission to pick up our child
_____ from The First Tee of Montana's activities.

Parent signature _____ date _____

Please mail all registration forms to:

Headwaters Golf Course
PO Box 620
Three Forks, MT 59752

For questions please contact:

Dave Edwards
406-285-3700
dedwards.headwatersgolfcourse@gmail.com

Parent Meeting will be held at 6:00 PM on May25th at the Headwaters Golf Course