



Office use only

Day/Camp: _____

Time: _____

Level: _____

Sapulpa @Rock Creek Golf Course

Ages 8 - 11

Thursdays 11: am- 12:00 pm

Personal InformationFirst Name _____ Last Name _____ ☐ Male ☐ Female Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

School _____ Current Grade _____ Age _____

Ethnicity:

- ☐ African American
☐ Asian American
☐ Caucasian
☐ Hispanic
☐ Multi-Racial
☐ Native American
☐ Pacific American

Disabilities? YES or NO Please list:**Please list any allergies to food, bee/wasp stings, medications, etc:**

Parent/Legal Guardian _____ Phone One _____ Phone Two _____

Parent or Guardian e-mail address: _____


Parental Consent for Medical Treatment

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 representative/s.


I hereby give permission to the medical personnel selected by The First Tee Chapter representative/s to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a health care provider, all costs shall be the responsibility of me, the parent or guardian. **In case we are not available for an emergency, please contact:**

_____ Phone Number _____ Relationship _____

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Parent/Guardian Signature _____ **Media Release**

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

Parent/Guardian Signature _____ 

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 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 Print _____ **Signature** _____ **Date** _____ 

*** Please answer the questions on the back