



# Participant Permission & Registration Form

**Please Check all that apply**  
 Summer Camp \_\_\_\_\_  
 Program Classes \_\_\_\_\_

**For Office Use:**  
 Membership: \_\_New\_\_ Renew  
 Paid: \_\_\_\_\_  
 Staff Entering Data: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
 First Middle Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_Mother\_\_ Father \_\_Legal Guardian

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ In case of Emergency Call: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

**\*\*\*\*ATTENTION PARENTS\*\*\*\* EMAIL ADDRESS REQUIRED\*\*\*\***

All important notices regarding membership, class registration, class cancellations, and other programming will be sent by email. Please provide us with the best email address for sending these notices. Thank You.

Parent Email Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Ethnicity: \_\_African-American\_\_ \_\_Asian-American\_\_ \_\_Caucasian\_\_ \_\_Hispanic\_\_ \_\_Native-American\_\_ \_\_Pacific Islander\_\_ \_\_Other

Gender: \_\_Female\_\_ Male Participant will need to use donated equipment?  Yes  No

Participant made AB Honor Roll prior to starting program?  Yes  No

Please list any special needs you anticipate your child will have while participating in the program. Include **medications, allergies and any disability we should be made aware** \_\_\_\_\_

**HEALTH CONDITION**

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 Community Service, Inc., Arkansas Golf Center, Russellville Country Club, Morrilton Country Club and/or The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by said representatives to secure any 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.

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

**MEDIA RELEASE** - I hereby give Community Service, Inc., Arkansas Golf Center, Russellville Country Club, Morrilton Country Club and/or The First Tee Chapter and its headquarters office permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

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

**MEMBERSHIP FEE** - The monthly membership fee for 2018 is \$10 per member. This fee enables Community Service Youth Foundation to cover part of the cost in providing educational programs. We will strive to keep our membership fees low by raising donations and being as efficient as possible. **Scholarships** are available to youth and families that do not have the funds to pay the membership fee. Partial and full scholarships are available and we ask that scholarship request only be made if one is truly needed. Please submit the scholarship application **with** the registration form.

I, the parent/legal guardian of the above named youth, give approval for participation in the Community Service Youth Foundation's First Tee activities. I assume all risks of injury whatsoever and agree to hold harmless Community Service, Inc., Arkansas Golf Center, Russellville Country Club, Morrilton Country Club, The First Tee of Central Arkansas and its 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 Community Service, Inc., Arkansas Golf Center The First Tee Chapter, First Tee Headquarters Office, its employees, agents, LPGA and PGA professionals, participating agencies, and volunteers. I consent to Community Service, Inc., The First Tee Chapter and the First Tee Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name: \_\_\_\_\_