

***The Overland Park Golf Club & The First Tee of Greater Kansas City  
Summer Program Played on The Par-3 Course  
Registration Form Y2011  
Ages 6 - 11***

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ AGE AS OF June 6 \_\_\_\_\_

This popular program continues promotes Junior Golf participation at Overland Park Golf Club in conjunction with The First Tee of Greater Kansas City. The mission of The First Tee is to provide a learning environment that will promote character development and life enhancing values through the game of golf. Coordinators will emphasize the following Nine Core Values: **Honesty, Integrity, Sportsmanship, Respect, Confidence, Responsibility, Perseverance, Courtesy, and Judgment.** These life skills serve as the criteria for the advancement and certification within the program. *The Par-3 Program is not Instructional and participants must possess basic golf skills and proper etiquette.*

Initials \_\_\_\_\_

<b><i>Junior Par-3 Summer Program Ages 6 - 11</i></b>	<b><i>Program Fee \$150.00</i></b>
---	------------------------------------

The Summer Par-3 Program begins June 6 and runs through July 27. Choose between a 7:30 am Shotgun start and a 10:00 am Shotgun start. Plan on two hours of programming, however, it is limited to the first 36 golfers in each Shotgun. The Fee for this program is \$150.00, which includes daily green fees, weekly pairings, and The First Tee Coordinator's guidance.

Ages 6-8 plays on Monday-----Age 9-10 plays on Tuesday-----Age 10 has the option to play on Tuesday or Wednesday. Age 11 plays on Wednesday. (Additional Program details and information is available in our Junior Program Guide which is available at The Golf Shop.

10 Year Olds - circle which day you want your Child to PLAY.    Tuesday    Wednesday

Please circle which Shotgun you would like your child to play in:    7:30 am    10:00am

Please Take a Few Moments to Assess Your Child's Playing Ability:

\_\_\_\_\_ Beginner    \_\_\_\_\_ Intermediate    \_\_\_\_\_ Advanced

Your Child's Average Score on The Par-3 Course: \_\_\_\_\_

How Many Times Did Your Child Play Golf in 2010? \_\_\_\_\_

---

Please fill out if registering for The League by Mail or FAX

\_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express    \_\_\_\_\_ Check

Credit Card or Check#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Participant Permission Form

Today's Date: \_\_\_\_\_  
Participation: \_\_\_New\_\_\_Return\_\_\_  
Member Since: \_\_\_/\_\_\_/200\_\_\_

## Youth Information

Name: \_\_\_\_\_ Gender:  Female  Male  
(First, Last)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Ethnicity:  African-American  Asian-American  Caucasian  Hispanic  Native-American  Pacific Islander  Other  Don't wish to respond  
Birth Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_) School: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Health Information: \_\_\_\_\_ Disability Information: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First, Last)  
E-mail Address: \_\_\_\_\_ Phone:(day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Family Income:  
 Below \$10,000  \$10,000-\$24,999  \$25,000-\$49,999  \$50,000-\$74,999  \$75,000-\$100,000  Above \$100,000  Do not wish to respond  
Participation Consent Form completed by:  Mother  Father  Legal Guardian

## Health Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(if parent/guardian cannot be reached)

Work Place: \_\_\_\_\_ 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 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.

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

## Equipment

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

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

## 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.

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

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_