



FIRST TEE — CENTRAL OHIO
Participant Application
(Completed by a Parent/Guardian)

Participant Information

Name (Last) (First)

Street Address

City State Zip

Phone () Email:

Gender Male Female Birthdate / /

School District School Name

Ethnicity Asian African-American Latino/Hispanic Multi-Racial

Native American Pacific Islander White/Caucasian

Family Information

Father/Male Guardian's Name

Phone () Email:

Mother/Female Guardian's Name

Phone () Email:

Emergency Contact Information (if different than family information)

Name

Relationship to Child

Phone () Email:

Indicate any allergies or physical concerns that we should be aware of below.

Session Information

Please circle the correct information for your child:

<u>Location</u>	Blacklick Woods Golf Course	Heritage Golf Club	Oakhaven Golf Club	
<u>Season</u>	Spring	Summer	Fall	Winter
<u>Program</u>	Session 1	Session 2	Session 3	
<u>Age group</u>	Target (5&6)	7-10 year olds	11-18 year olds	

Payment Information

All programming is free to Columbus City Schools students. Please leave the below information blank if you indicated a CCS school above. Financial assistance is available to students from other districts if needed.

_____ **I am interested in applying for financial assistance**

Payment Method	Cash (in person)	Check	Credit Card	Requesting Financial Aid
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Make checks payable to First Tee – Central Ohio

Please mail to the following address:

First Tee – Central Ohio
PO Box 3
Reynoldsburg, OH 43068

<u>Credit (circle one)</u>	Visa	MasterCard	Discover	American Express
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Credit Card Number _____

Expiration Date (mm/yy) _____ **CVV#** _____

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Cardholder Signature _____ **Date** _____



Child Name

Parent/Guardian Name

Disclaimers

Medical Disclaimer

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.

Please initial to approve Medical Disclaimer _____

Equipment Disclaimer

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.

Please initial to approve Equipment Disclaimer _____

Media Release Disclaimer

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.

Please initial to approve Media Release Disclaimer _____

Hold Harmless Agreement

I, the parent/legal guardian of the above named youth, give approval for participation in First Tee – Central Ohio sponsored activities during calendar year 2021. 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. This consent form is valid for all activities of First Tee – Central Ohio for the calendar year of 2021.

Please initial to approve Hold Harmless Agreement _____