

THE FIRST TEE OF SHARON/HERMITAGE RECREATION GOLF APPLICATION FORM

GOLFER'S NAME _____ AGE _____
BIRTH DATE _____(mo/day/yr) CIRCLE ONE; M OR F
CURRENT GRADE COMPLETED (circle 1): K 1 2 3 4 5 6 7 8 9
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME () _____ WORK () _____ CELL () _____
*EMAIL ADDRESS _____

PREVIOUS GOLF EXPERIENCE OF THE ENROLLING STUDENT:

(CIRCLE ONE): NONE LITTLE/SOME

FEE (CIRCLE ONE THAT APPLIES); \$15/golfer \$ 25/ family of 2 \$35/ family of 3+
CHOOSE ONLY ONE: GROUP A (JUNE 17-JULY 10 TUES/THURS ONLY 1:30-2:30 PM)
GROUP B (JULY 15- JULY 31 TUES/THURS ONLY 1:30-2:30 PM)

HEALTH / EMERGENCY INFORMATION

PHYSICIAN'S NAME _____ PHONE () _____

CIRCLE THOSE THAT APPLY: bee allergy diabetes epilepsy allergies physical handicap asthma
other _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____

PHONE NUMBER () _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of the need for medical assistance and/or administration of medical attention deemed necessary by The First Tee of Sharon representatives. I hereby give permission to the medical personnel selected by The First Tee of Sharon to secure any and all advised hospitalization, medical, dental and/or surgical treatment. In the event that the previous treatments are deemed necessary, all costs of such shall be borne by the parent/guardian.

PARENT/GUARDIAN SIGNATURE _____

MEDIA RELEASE: I/We hereby give The First Tee of Sharon and participating agencies permission to use any films, videotapes, and photographs of the above mentioned minor for lawful promotional or informational purposes.

PARENT/GUARDIAN SIGNATURE _____

EQUIPMENT: I/We understand that any golf equipment received for use is the property of The First Tee of Sharon Golf program and must be returned upon termination of the participant's involvement in the program.

PARENT/GUARDIAN SIGNATURE _____