



Participant Permission & Registration Form

Please Check all that apply
 Spring Break or Summer Camp Only _____
 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 Primary Language _____ Primary Religion: _____
 Participant will need to use donated equipment? Yes No How did you hear about the program? _____
 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, including history of trauma 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 2022 is \$15 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: _____



First Tee Character Development Program School Release Form



Student's Name: _____
First Middle Initial Last

Grade Level: _____ Full Name of School: _____

I also authorize teachers and other school personnel to talk about my child's academic and behavioral performance at school with Community Service, Inc. and its First Tee Character Development Program staff. This includes sharing test scores, report card scores, attendance records and any disciplinary measures taken by the school.

This authorization is in effect until I, the legal guardian, notify the school of the termination of this agreement. This agreement can be terminated at any time with a signed and dated written statement provided to the school district.

Parent/Guardian Signature _____ Date _____
Print Name: _____