



2018 Participant Registration Form  
 The First Tee of Wyoming  
 3501 Willett Dr  
 Laramie, WY 82072

Session \_\_\_\_\_

Aaron Johnson  
 Program Director  
 307-399-2631  
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**Golfer Information** (to be completed by the participant)

NAME \_\_\_\_\_ age \_\_\_\_\_ date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Have you been a First Tee participant before?  Yes  No ...if yes, when? \_\_\_\_\_ level? \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_ Would you like to bring in your  
 report card for our A/B honors certificate program?  Yes  No  Report card attached with this document?  
 Boy  Girl Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs Ethnicity (optional) \_\_\_\_\_  
 T-shirt size:  Sm  M  L  XL  XXL  Youth size  Adult size  
 Personal phone number \_\_\_\_\_ email \_\_\_\_\_  
 Other activities \_\_\_\_\_ Favorite athlete \_\_\_\_\_  
 Who is the most positive role model in your life? \_\_\_\_\_  
 Are you associated with any other organization in the community? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2018 Summer Schedule** (Please see attached Summer Schedule to participate at Jacoby Golf Course)

- Player Program \$130 (7-18 years old)  Target Program \$60 (4-6 years old)

**Parent Information**

(1<sup>st</sup> Contact) NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street address \_\_\_\_\_ apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip code \_\_\_\_\_ Email \_\_\_\_\_ work phone \_\_\_\_\_  
 Are you or have you been a military personal?  Yes  No Branch \_\_\_\_\_ rank \_\_\_\_\_

(2<sup>nd</sup> Contact) NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 Street address \_\_\_\_\_ apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip code \_\_\_\_\_ Email \_\_\_\_\_ Work phone \_\_\_\_\_  
 Are you or have you been a military personal?  Yes  No Branch \_\_\_\_\_ rank \_\_\_\_\_

**Medical Information**

Allergies/Health issues: \_\_\_\_\_

Disability: \_\_\_\_\_

In case of an Emergency, please contact:

NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to youth golfer? \_\_\_\_\_ Work # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ 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 of Wyoming. I hereby give permission to the medical personnel selected by The First Tee of Wyoming representatives to secure any and all medical hospitalization, dental and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian. (parent initials \_\_\_\_\_)

**Media Release**

I hereby give The First Tee of Wyoming Headquarters Office and participating agencies permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or informational purpose. (parent initials \_\_\_\_\_)

**Authorization**

*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 of Wyoming from claim(s) of any nature arising from any activity, including transportation (golf carts), 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, professionals, participating agencies and volunteers.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Golfer Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Payment is due when you submit your registration sheet.**

**Registration Sign Up dates:**

Saturday, May 5<sup>th</sup> from 9:00am to 12:00pm

Sunday, May 6<sup>th</sup> from 9:00am to 12:00pm

Saturday, May 12<sup>th</sup> from 9:00am to 12:00pm

Sunday, May 13<sup>th</sup> from 9:am to 12:00pm

Saturday, May 19<sup>th</sup> from 9:00am to 12:00pm

Sunday, May 20<sup>th</sup> from 9:00am to 12:00pm