



2019 Participant Registration Form
The First Tee of Wyoming
3501 Willett Dr.
Laramie, WY 82072

Group #: _____

Carson Walker
Program Director
307-887-4653
carsonwalkerwyo@gmail.com

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? _____

2019 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

(1st 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 _____

(2nd 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 (at Jacoby Golf Course):

Saturday, May 4th from 9:00am to 12:00pm
Sunday, May 5th from 1:00pm to 4pm
Saturday, May 11th from 9:00am to 12:00pm
Sunday, May 12th from 1:00pm to 4pm
Saturday, May 18th from 9:00am to 12:00pm
Sunday, May 19th from 1:00pm to 4pm

If none of the above work for you, email Carson at carsonwalkerwyo@gmail.com to set up an appointment.