

PO Box 1820
 Shallotte, NC 28459
 (910) 754-5288
www.TheFirstTeeCoastalCarolinas.org
 Tax ID #27-0106935

2019 Summer Camp Registration Form

**Please print clearly and mail in the completed form with your payment to the address above.
 Your child’s spot is not guaranteed in our program until payment is received!**

Participant First Name: _____ Last Name: _____

DOB: __/__/__ Age as of 6/1/19: ____ Participant Gender: ____ - Male ____ - Female

Grade Level: _____

Participant Ethnicity (Select One): ____ - Asian ____ - Black or African American ____ - Latino or Hispanic
 ____ - Multi-Racial ____ - Native American or Pacific Islander ____ - White or Caucasian

Please select class desired below: \$45 Registration fee per week

_____ **Summer Camp Week 1 (June 18-21)**

_____ **Summer Camp Week 2 (June 25-28)**

_____ **Summer Camp Week 3 (July 9-12)**

_____ **Summer Camp Week 4 (July 16-19)**

_____ **Summer Camp Week 5 (August 6-9)**

_____ **Summer Camp Week 6 (August 13-16)**

Please list health limitations (if any) for your child: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Parent/Guardian _____

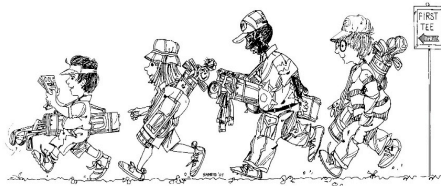
Relationship to Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Employer: _____ Parent/Guardian Work #: _____

**HONESTY INTEGRITY SPORTSMANSHIP RESPECT CONFIDENCE
 RESPONSIBILITY PERSEVERANCE COURTESY JUDGMENT**



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Medical Release -(Parent/Guardian initials required below) 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 the 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).**

Participation Risk Acknowledgement - (Parent/Guardian initials required below to participate in The First Tee Programs & Activities). 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 Chapter and Headquarters Office from claim(s) 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 proximate injury 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. _____ **(Parent/Guardian Initials).**

Media & PR Release - (Optional Parent/Guardia initials below) 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. _____ **(Parent/Guardian Initials).**

Payment Info: Payment Type (Credit/Debit Online Only – Select One): ___ - Cash ___ - Check (# _____)

Name of person accepting form & payment? _____ Total Payment Amount \$ _____

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