



2019 Application

The First Tee of Battle Creek
7255 B Drive South
Battle Creek, MI 49014
Phone: (269) 979-6203
Fax: (269) 979-6205
www.binderparkgolf.com

Golfer Name: _____ **Birth Date:** ___/___/___ **Age:** ___ **Gender:** Male Female

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

School(building) _____ **Grade in '18/'19:** _____ **Receive Free/Reduced Lunch?** Yes No

Participant Ethnicity: African-American Asian-American Caucasian Hispanic Native American Multi-Racial Pacific Islander

Will you need to borrow golf clubs during class? Yes No **Right or Left Handed?** L / R **New to Program?** Yes No

Parent/Guardian: _____ **Relationship to child:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent Email address: _____ **Child phone or email:** _____

Household Income (Information used for grant purposes):

Below \$10,000, \$10,000 - \$24,999, \$25,000 - \$49,999, \$50,000 - \$74,999, \$75,000 - \$100,000, Above \$100,000

Please register my child for session(s) number: _____

Are you interested in volunteering with The First Tee of Battle Creek? Yes No

Are you interested in applying for a First Tee Scholarship? Yes No

I would like to purchase a The First Tee Jr Membership (ages 7 & up) **\$80.00** (see program schedule for benefits and reduced class rates)

Participant Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

Payment Options: Amount \$ _____ (if applicable, please include the cost of membership into total)

Cash Check: # _____ Credit Card: MasterCard Visa Discover

Card #: _____ Exp. ___/___ Sec. Code: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

Health/Emergency Information: (Please list a contact person other than parent/guardian)

Name: _____ **Relationship to child:** _____

Are there any medical/physical conditions or allergies you would like us to know about? _____

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 Battle Creek representatives. I hereby give permission to the medical personnel selected by The First Tee of Battle Creek to secure any and all advised hospitalization, medical, and/or surgical treatment. **Parent/Guardian Initials:** _____

Media Release: Participants in The First Tee programs may be photographed or videotaped and such photos or videos may be used to lawfully publicize First Tee programs. Participants may be quoted or photographed for newspaper or magazine articles, promotional brochures, public service announcements or television programs. **Parent/Guardian Initials:** _____

Agreement and Release of Liability: I/We the parents/legal guardians of the above named youth give approval of participation in The First Tee of Battle Creek activities. I/We assume all risks of injury whatsoever and agree to hold harmless First Tee National and The First Tee of Battle Creek from claims of any nature arising from any activity, including transportation connected with The First Tee of Battle Creek program. This hold harmless agreement includes, but is not limited to, any claim for injury proximately resulting from negligence of The First Tee of Battle Creek Program, its employees, agents, LPGA and PGA Professionals, its sub-contractors, participating agencies and volunteers. **Parent/Guardian Signature:** _____ **Date:** _____

Office Use Only: Date Received/Initialed: _____ Payment Received: _____ Date Databased: _____