

PARTICIPANT REGISTRATION FORM—FALL 2009
One complete (2page) registration form per participant
www.thefirstteewillamettevalley.org

Please MAIL or SUBMIT this form w/ pmt to:
Eugene Family YMCA, Attn: The First Tee
2055 Patterson Street, Eugene, OR 97405
Phone: (541) 686-9622
Email: julie@eugeneymca.org



Participation: New / Return Participating Since: ____/____/200__

YOUTH INFORMATION

Name: _____ Nickname: _____

Female Male

Address _____ City _____ State _____ Zip _____

Birth Date: (____/____/____)

School: _____ Grade Level: _____

Participant is listed on his/her school's Honor Roll

Terms on Honor Roll: _____

Health/Allergy/Medication Information:

Parent/Legal Guardian 1: _____

Relationship _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Phone: (home) _____ (work) _____

(cell) _____

Parent/Legal Guardian 2: _____

Relationship _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Phone: (day) _____ (eve) _____

(cell) _____

The First Tee of Willamette Valley Program Session Fee is \$100.00 for non-members of the Eugene Family YMCA, and \$90.00 for YMCA members.

No child will be denied access to The First Tee of Willamette Valley based upon the inability to pay. Scholarships are available. For information on scholarships contact Julie Grossman at the YMCA (541.686.9622) or julie@eugeneymca.org.

2009 FALL SCHEDULE: Starts September 8th; Ends October 30th

Please check the box next to any class in which you wish to register a participant.

- BIRDIE Level: Tuesdays 4:00-5:15pm (Must be PAR certified through Coach Dennis).
- PLAYer Level: Wednesdays- 4:00-5:15; Ends October 28th
- PLAYer Level: Thursdays- 4:00-5:15; Ends October 29th

- OPEN SKILLS DAY- Fridays, 4:00-5:15 pm; Free to all current participants of The First Tee; Ends Oct. 30th).

Emergency and Release Information

Emergency Contact: _____ Relationship: _____

Work Place: _____ 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 YMCA/The First Tee of Willamette Valley representatives. I hereby give permission to the medical personnel selected by YMCA/The First Tee of Willamette Valley 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: _____

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Equipment

I understand that any golf equipment received for use is the property of YMCA/The First Tee of Willamette Valley, and must be returned to The First Tee of Willamette Valley upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: _____

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Media Release

I hereby grant The First Tee of Willamette Valley, The First Tee 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: _____

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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 YMCA, The First Tee of Willamette Valley and Headquarters Office, and facility sites from claim(s) of any nature arising from any activity, including transportation, connected with YMCA/The First Tee of Willamette Valley. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of YMCA, The First Tee of Willamette Valley or Headquarters Office, and facility sites, its employees, agents, participating agencies, and volunteers. I consent to The First Tee of Willamette Valley and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____