



# Fall Junior Golf Lessons

## Class Fee \$40 - Five Consecutive Saturdays Beginning August 19, 2017 @ 3:00pm

Lessons will be Held at the Sunflower Hills Junior Golf Course Located in the Wyandotte County Park Adjacent to Sunflower Hills. Fill Out Form & Return to Sunflower Hills. Come Out & Learn the Game of a Lifetime!

All Lessons Limited to the First 20 Entries.

Return to: Sunflower Hills – 12200 Riverview Ave – Bonner Springs, Kansas 66012  
Phone: 913-573-8570 – Fax: 913-721-1025 – e-mail: info@sunflowerhillsgolfcourse.com

### Youth Information (Please Print)

Name: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity:  African-American  Asian-American  Caucasian  Hispanic  Native-American  Pacific Islander  Other  Do Not Wish to Respond

Birth Date: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Health Information: \_\_\_\_\_ Disability Information: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail #1: \_\_\_\_\_ E-Mail #2: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (eve): \_\_\_\_\_

Family Income:  Below \$10,000  \$10,000-\$24,999  \$25,000-\$49,999  \$50,000-\$74,999  \$75,000-\$100,00  Above \$100,000  Do Not Wish to Respond

### Emergency contact information if Parent/Guardian cannot be reached (Please Print)

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 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: \_\_\_\_\_

### Equipment

I understand that any golf equipment received for use is the property of The First Tee program, and may be returned at the discretion of The First Tee facility upon the termination of the participants involvement in the program.

Parent/Guardian Initials: \_\_\_\_\_

### Media Release

I hereby give The First Tee Chapter, Headquarters Office and participating agencies permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: \_\_\_\_\_

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) of any nature 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 injury proximately 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 communication information regarding my child's participation via the Internet.

Parent/Guardian Initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_