

# The First Tee of the Triad Youth Registration Form

*Please complete this form and mail it along with your registration fee (if applicable) to:  
The First Tee of the Triad  
PO Box 236 Clemmons, NC 27012*

Which programs would you like to attend? Please include location Tanglewood &/or Winston Lake. Include day and time.

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**PARTICIPANT INFO:** Are you currently on the A/B Honor Roll:  Yes  No

Participant's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level (example: 5<sup>th</sup> grade) \_\_\_\_\_

Ethnicity:  African-American  Asian  Caucasian  Hispanic

Native-American  Pacific Islander  Other  Do not wish to respond

**PARENT INFO:**

Parent or Guardian's Name: \_\_\_\_\_

Cellular/Pager: (\_\_\_\_\_) \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

**Payment:** The \$125 annual membership fee will cover all learning materials, use of equipment, educational programs, and use of golf courses during class. Additional discounts for local golf courses and ranges will be available with membership.  
Checks can be made to The First Tee of the Triad.

**Scholarships ARE AVAILABLE! No child will be turned away due to financial hardship.**  
**To apply, answer two questions: 1-Why does your child deserve a scholarship?**  
**2-What are you hoping your child will gain from this program?**

E-mail your answers to [AnneMarie@thefirstteetriad.org](mailto:AnneMarie@thefirstteetriad.org) or send to  
PO. Box 236 Clemmons, NC 27012

**Please Read and Sign the Consent, Release and Waiver Below**

**Medical Consent**

The parent or guardian signing below does hereby consent to all emergency medical and surgical treatments, including anesthesia and operations which may be deemed advisable by any treating physicians and surgeons. The intention hereby being to grant authority to administer and perform all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable and necessary. I also agree that if the student is admitted to a hospital, he or she is to remain there until the treating physician recommends discharge.

**Media Release**

I hereby give TFT Triad and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes.

**Waiver of Liability**

I agree, that the above child's participation in The First Tee of the Triad program and activities at Winston Lake Golf Course or elsewhere is without assumption of liability of any nature by the The First Tee of the Triad, its officers, directors, employees and staff or other volunteer instructors, any golf course or driving range or any other facility where the program activities are conducted.

I do hereby, release and discharge the above mentioned individuals and entities from any and all claims my child may suffer or sustain, directly or indirectly, in connection with any such participation and activities.

**Parent/Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

# The First Tee of the Triad Emergency Info, Demographic Data, and Code of Conduct

Please complete the Emergency Info and Demographic Data below

Parent or Guardian's Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone:  
(\_\_\_\_\_) \_\_\_\_\_

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Emergency Contact Person: \_\_\_\_\_ Phone:  
(\_\_\_\_\_) \_\_\_\_\_

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*\*Demographic data is collected for granting agency purposes only.*  
How did you hear about The First Tee of the Triad?

Household Income:  Below \$10,000  \$10,000-\$24,999  \$25,000-\$49,999  \$50,000-\$74,999  
 \$75,000-\$100,000  Above \$100,000  Do not wish to respond  
Household Size: \_\_\_\_\_ Do you participate in the NSLP Free/Reduced Lunch Program?  Yes  No

## The First Tee Code of Conduct

### **RESPECT FOR MYSELF**

- ~ I will dress neatly in a clean, tucked shirt and I will wear athletic or golf shoes
- ~ I will try my best and keep a positive attitude when I play or practice
- ~ I will eat right, get enough sleep, and take care of myself so I can stay healthy

### **RESPECT FOR OTHERS**

- ~ I will be friendly, courteous, and helpful
- ~ I will follow instructions and safety rules
- ~ I will have fun without being loud or rowdy
- ~ I will be honest and be a good sport, whether I win or lose

### **RESPECT FOR MY SURROUNDINGS**

- ~ I will keep the facility clean and in as good or better shape than I found them
- ~ I will clean and take care of my equipment
- ~ I will be careful not to damage anything that belongs to others

## The First Tee Nine Core Values

**Honesty ~ Integrity ~ Sportsmanship ~ Respect ~ Confidence ~  
Responsibility ~ Perseverance ~ Courtesy ~ Judgment**

For Office Use Only	Date _____	Amt. Rec _____	Ch # _____	Cash _____
Scholarship _____	Approved by _____			