|  |
| --- |
| Participant’s Name: |
| Male or Female |
| Address: |
| City/State/Zip: |
| Home/Cell Phone: |
| Email: |
| Grade: |
| Birthdate: |
| Age & Height |
| Parent or Guardian #1 |
| Phone: |
| Parent or Guardian #2 |
| Phone: |
| Emergency Contact: |
| Relation to Player: |
| Phone: |

**I, undersigned, assume full and complete responsibility for any injury or accident to son/daughter which may occur during practice or game; and I hereby release and hold harmless the coaches and promoters. Also, in case of illness, injury, or any emergency, I grant permission for my son/daughter to be treated as soon as possible at my expense. I also, hereby for myself, my heirs, executers and administrators, wave and release any and all rights and claims for damages I may have against Crane County and its employees (coaching staff) for any and all injuries suffered while using city, county or school property while myself or my child is participating in a Crane County sponsored activity. I as a parent/guardian understand the zero tolerance rules set by the youth center and will be fully responsible for my behavior, actions and words during practices and games. I also understand this is my warning and in breaking this rule there will be necessary action taken**.

CASH\_\_\_\_\_\_\_\_\_

CHECK#\_\_\_\_\_\_\_

RECIEPT#\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature

Grades 3rd, 4th, 5th, and 6th

THE FIRST TEE PROGRAM

https://thefirsttee.org/

Introduces golf education and lessons along with 9 core values: honesty, integrity, sportsmanship, respect, confidence, responsibility, perseverance, courtesy, and judgment

**I WOULD BE INTERRESTED IN BEING A VOLUNTEER.**

**Signature**

**REGISTRATION FEES ARE NOT REFUNDABLE AFTER 1st DAY OF PARTICIPATION**

$30 PER PLAYER

REGISTRATION

FEB 18-MAR 25th