



SUMMMER ENROLLMENT PARENT PERMISSION

Office use

Today's Date: _____
Participation: ___ New ___ Return
Member since: ___ / ___ / 200___

Youth Information

Name: _____ Gender: Female _____ Male _____
(First, Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Ethnicity: African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other: Don't wish to respond

Birth Date: ___ / ___ / _____ School: _____ Grade Level: _____

Health Information: _____ Disability Information: _____

Parent/Legal Guardian: _____ Relationship: _____
(First, Last)

E-mail: _____ Phone: (day) _____ (eve) _____

Emergency Contact: _____ Phone: _____

**Please check the session or program that you wish to register. Confirmation will not be mailed.
If this class is full, we will contact you and try to arrange an alternate class.**

**PLEASE MAKE CHECKS PAYABLE AND MAIL TO:
THE FIRST TEE OF SPARTANBURG
640 KELTNER AVENUE SPARTANBURG, SC 29302**

PAR LEVEL
Monday thru Friday
9:00-12:00
 June 8-19
 July 20-31
 August 3-14
\$150.00/session

BIRDIE LEVEL
(MUST BE PAR CERTIFIED)
Monday thru Friday
1:00-3:00
 June 8-26
 July 6-31
\$200.00/session

TARGET
(AGES 6-8)
Monday thru Friday
9:00-12:00
 June 22-26
 July 6-10
\$80.00/session

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 of Spartanburg, The Creek Golf Club 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 of Spartanburg or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee of Spartanburg and Headquarters Office communicating information regarding my child's participation via the Internet and give permission to use film, videotapes, and or photographs of the above mentioned minor for lawful promotional purposes.

Parent/Guardian Signature: _____ **Date:** _____

Please Print Name: _____