Participant Permission & Registration Form

Please Check all that apply
Summer Camp _____
Program Classes_____

For Office Use:
Membership: __New__ Renew
Paid:_____
Staff Entering Data:_____

Child's Name:_____
First Middle Initial Last
Address:_____
City:_____ State_____ ZIP_____ SSN#_____
Parent/Legal Guardian:_____ Relationship:__Mother__Father__Legal Guardian
Primary Phone Number (____) _____ In case of Emergency Call: (___) _____
Place of Employment:_____ Work Phone Number (____) _____

******ATTENTION PARENTS**** EMAIL ADDRESS REQUIRED*******

All important notices regarding membership, class registration, class cancellations, and other programming will be sent by email. Please provide us with the best email address for sending these notices. Thank You.
Parent Email Address:_____

Grade Level:_____ School:_____ Birth Date (_____/_____/_____)
Ethnicity:__African-American__Asian-American__Caucasian__Hispanic__Native-American__Pacific Islander__Other
Gender:__ Female__ Male Participant will need to use donated equipment? ☐ Yes ☐ No
Please list any special needs you anticipate your child will have while participating in the program. Include **medications, allergies and any disability we should be made aware** _____
_____

HEALTH CONDITION
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 Community Service, Inc., Arkansas Golf Center, and/or The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by said representatives to secure any medical, hospitalization, dental and/or surgical treatment. In 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**_____

MEDIA RELEASE - I hereby give Community Service, Inc., Arkansas Golf Center, and/or The First Tee Chapter and its headquarters office permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or information purposes. **Parent/ Guardian Initials**_____

MEMBERSHIP FEE - The monthly membership fee for 2016 is $10 per member. This fee enables Community Service Youth Foundation to cover part of the cost in providing educational programs. We will strive to keep our membership fees low by raising donations and being as efficient as possible. ***Scholarships*** are available to youth and families that do not have the funds to pay the membership fee. Partial and full scholarships are available and we ask that scholarship request only be made if one is truly needed. Please submit the scholarship application **with** the registration form.

I, the parent/legal guardian of the above named youth, give approval for participation in the Community Service Youth Foundation's First Tee activities. I assume all risks of injury whatsoever and agree to hold harmless Community Service, Inc., Arkansas Golf Center, Russellville Country Club, Morrilton Country Club, The First Tee of Central Arkansas and its 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 Community Service, Inc., Arkansas Golf Center The First Tee Chapter, First Tee Headquarters Office, its employees, agents, LPGA and PGA professionals, participating agencies, and volunteers. I consent to Community Service, Inc., The First Tee Chapter and the First Tee Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature_____ Date _____
Print Name:_____

Community Service Youth Foundation, Inc. ◆ 1505 S. Oswego, Russellville, AR 72802 ◆ Phone 479-967-3370
Fax 479-967-2775 ◆ Email: staylor@csiyouth.com
www.csiyouth.com