

THE FIRST TEE OF SOUTH DAKOTA @ MOCCASIN CREEK CC & LEE PARK GC
2010 JUNIOR GOLF LESSON PROGRAM-REGISTRATION FORM
MOCCASIN CREEK COUNTRY CLUB 39084 130th St. Aberdeen 226-0989
LEE PARK GOLF CLUB 1028 8th Ave. NW Aberdeen 626-7092

Youth Information Participation: New _____ Return _____ T-Shirt Size _____

Name: _____ Gender: Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Clubs Needed: YES / NO (clubs will be provided at no charge if needed) Birthdate: ____ \ ____ \ ____

Parent/Legal Guardian: _____

Parent/Guardian Email: _____ Phone: _____

____ **AT Moccasin Creek—AGE 8-17 SESSION PREFERENCE 8:45-10:15 _____ OR 10:30-12:00 _____**
PLAYers Level-Beginner & Intermediate (Thursdays—May 27, June 3, 10, 14, 17, 24, July 1, 8, 15)

____ **AT Lee Park—AGE 8-17 SESSION PREFERENCE 8:45-10:15 _____ OR 10:30-12:00 _____**
PLAYers Level-Beginner & Intermediate (Wednesdays—May 26, June 2, 9, 16, 23, 30, July 7, 14, 21)

____ **AT Moccasin Creek—AGE 12-17 BIRDIE LEVEL-Intermediate & Advanced 10:30 to 11:30**
(Fridays—May 28, June 4, 18, 25, July 2, 9)

____ **At Moccasin Creek—AGE 5-7 LITTLE LINKSTER SESSIONS 11:00 to 12:00**
(Saturdays—May 29, June 5, 19, 26)

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone(s): _____

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.

Media Release **Parent / Guardian Initials** _____

I hereby give The First Tee Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes. 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 and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature _____

COST: AGE 8-17—\$40 PER CHILD AGE 5-7—\$20 PER CHILD
 Maximum \$99 per family
 Financial Assistance Available—Contact Amanda at 770-5176 or Dean at 226-0989
 Mail , email , or fax this form to: The First Tee of South Dakota
 Moccasin Creek CC 39084 130th Street, Aberdeen, SD 57401
 Fax: 226-1523 email: golfshop@moccasin creekcc.com
JUNIORS DO NOT HAVE TO BE MEMBERS OF EITHER COURSE TO PARTICIPATE!!