

# Junior Golf Classes at Laurelwood Golf Course!

The mission of The First Tee of Greater Portland is to impact the lives of young people by providing educational programs that build character, instill life-enhancing values and promote healthy choices through the game of golf.

Inaugural classes at Laurelwood will begin April 8, 2020!

Register at  
[firstteegreaterportland.org](http://firstteegreaterportland.org)



an affiliate of



Email:  
[info@thefirstteegp.org](mailto:info@thefirstteegp.org)



## Class Description

The First Tee classes at Laurelwood Golf Course will meet once a week for nine weeks, 1.5 hours per meeting. Instruction focuses on the four golf skills by the direction The First Tee coaching staff.

Participants will be exposed to life skills that are seamlessly integrated with golf activities.

When - Wednesday, 4/8-6/3, 4:00-5:30pm Ages - 6-18

Cost - \$110 for eight week session\*

\*Financial aid is offered to those requesting assistance



Record Date (Pro Shop Use)

REG Date (PD Use)	Pay Date (PD Use)

## Over The Phone/Walk-in Registration

**ACCOUNT HOLDER INFO**

Name (First, Last) \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_

**PARTICIPANT INFO**

Name (First, Last) \_\_\_\_\_ M / F    DOB (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Grade Level \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 School \_\_\_\_\_

Ethnicity (African American, Asian, Caucasian, Hispanic, Multi-cultural, Native American, Pacific Islander)

Allergies, Disabilities, Dietary Restrictions \_\_\_\_\_

**PROGRAM(S) REGISTERING FOR**

Class Title (PLAYer, Par, etc.)	Location (TCC, CGC, etc.)	Day/Time	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**EMERGENCY CONTACT INFO**

Name (First, Last) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact Phone \_\_\_\_\_

**WAIVER**

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 event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee of Greater Portland sponsored activities during calendar year 2019. 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 or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet. This consent form is valid for all activities of The First Tee of Greater Portland for the calendar year of 2017.

**Parent/Guardian Signature:** \_\_\_\_\_

**PAYMENT INFO**

<b>Cash/Check</b> # _____	<b>Credit/Debit</b> CC# _____ Exp Date ____/____ Zipcode _____    CVV _____	<b>Requesting Scholarship?</b> Check Here _____
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