



2017 Greenfield Park Golf Course Junior Golf Clinic Registration Form

Gender: Female Male

Name: (Please Print) _____ Birth Date: (____/____/____)

Address: _____

City: _____ Zip: _____

Primary E-mail (required): _____

Age: _____ Grade Level: _____ Name of School: _____

Parent/Legal Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Please pair my child (for carpooling purposes) with: _____

For Statistical Purposes Please Check One:

Ethnicity: __ African-American __ Asian __ Caucasian __ Hispanic __ Native-American __ Other

Please complete releases and recognition sections on the reverse side

PROGRAMS:

_____ **Saturday Greenfield Spring Target - \$39—Program runs Saturdays, May 14th, May 21th and May 28rd.**

Program scheduled to start at 10:00am-11:15am.

_____ **Eight week, 8-lesson Friday Junior Clinic - \$99 PLAYER LEVEL (AGES 6-9)**

Program scheduled to start at **8:30am – 9:45 am**

Friday's only beginning June 16th and ending Aug. 11th, 2017. (There will be no session on June 30th)

_____ **Eight week, 8-lesson Friday Junior Clinic - \$99 PLAYER- PAR LEVEL (AGES 10-12)**

Program scheduled to start at **10:00am – 11:15 am**

Friday's only beginning June 16th and ending Aug. 11th, 2017. (There will be no session on June 30th)

_____ **Eight week, 8-lesson Friday Junior Clinic - \$99 PLAYER -BIRDIE LEVEL (AGES 13+)**

Program scheduled to start at **11:30am – 1:00 PM**

Friday's only beginning June 16th and ending Aug. 11th, 2017. (There will be no session on June 30th)

Contact:

Matt Ellis: Head Golf Professional

Matt.Ellis@milwaukeecountywi.gov or Follow on Facebook @EllisGolfDevelopment

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RELEASES

I, the parent/legal guardian of the youth named on this registration form, hereby give The First Tee Chapter, National Office, Matt Ellis and Greenfield Park Golf Course permission to use film, video tape or photographs of the above-mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: _____

I understand that it is the responsibility of my child to safeguard his or her personal items. The Chapter and The First Tee will not be held liable for any fiscal harm arising out of these losses of jewelry, sports equipment or other personal items.

Parent/Guardian Initials: _____

I give approval for participation in The First Tee sponsored activities. I assume all risks of injury what-so ever and agree to hold harmless The First Tee Chapter, National Office, Matt Ellis, Greenfield Park Golf Course and its employees from claims of any nature arising from activity connected with The First Tee facility or program. This agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or National Office, Matt Ellis, Greenfield Park Golf Course and its employees, agents, and volunteers. I consent to The First Tee Chapter and National Home Office communicating information regarding my child's participation via the Internet.

Parent/Guardian Initials: _____

Parent/Guardian Signature: _____

Please Print Name: _____

RECOGNITION

A/B Honor Roll

The First Tee recognizes outstanding academic achievement of all participants through its A/B Honor Roll program. A Certificate of Achievement is generated and signed by The First Tee Chief Executive Officer, Joe Louis Barrow, Jr. Twice annually, chapters report to the home office their participants who have earned all As and/or Bs (or the equivalent) on their report cards. All participants, regardless of age, are eligible for this recognition. If you child qualifies for this achievement award, please let us know that by initialing below and listing your child's name as you would like it to appear on the certificate of achievement.

Parent/Guardian Initials: _____

Child's Name as you wish it to appear on the Certificate of Achievement