



Military Affiliate Programming Spring 2021



A.C. Read

(NO CLASSES week of 3/16 for Spring Break)

- Target (ages 6-8):** Tuesdays, 3:15 - 4:15 PM (03/02 - 05/04)
- Target (ages 6-8):** Tuesdays, 3:30 - 4:30 PM (03/02 - 05/04)
- PLAYer (ages 9-12):** Wednesdays, 5:15 - 6:45 PM (03/24 - 05/26)

All participants PLAYer level and up are invited to participate in a Skills Challenge as well as a Participants Tournament, dates TBD.

****We will have a separate online registration for these two events available on our website.**

NEW Enrollees Ages 9 & Up will be at PLAYer Level *ALL Enrollees Ages 6-8 will be at Target Level

Skill Level: Target PLAYer Par Birdie **Today's Date:** _____ **Participant:** New Return

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

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

Ethnicity: African-American Asian-American Caucasian Hispanic Native-American Pacific Islander
 Other _____ Do not wish to respond

Birth Date: (____/____/____) Age: _____ School: _____ Grade Level: _____

Military Parents/ Guardians:

Name: _____ Rank: _____ Relationship: _____ Pay Grade: _____
(First, Last)

Command(if not retired): _____ Sponsor's Name _____

Email Address: _____ Phone: (1) _____ (2) _____

Military Base: _____

Sponsor's Branch: Air Force Army Marines Navy Coast Guard

Non-Military or DOD Card Holders: a background check may be ran in order to gain base access

Full Name: _____ Birth Date: (____/____/____)
(First, Middle, Last)

Driver's License Number: _____ State Issued: _____

Health Information - Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in the First Tee Gulf Coast program? No Yes - If yes, please explain: _____

Disability Information: Does your child have a disability that may have a bearing on your child's participation in First Tee Gulf Coast program?

No Yes - If yes, please explain: _____

(if parent/guardian cannot be reached)

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

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.

Parent/Guardian Initials: _____

Media Release: 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.

Parent/Guardian Initials: _____

Equipment: I understand that any golf equipment received for use is the property of The First Tee program, and may be requested to be returned at the discretion of The First Tee facility upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: _____

Participation Consent Form completed by: Mother Father Legal Guardian

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee Chapter sponsored activities. I understand that The First Tee Chapter is an independent organization which benefits from the participation of many golf organizations including The First Tee home office and its oversight organizations PGA TOUR, PGA of America, USGA, Augusta National Golf Club, and the LPGA. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and The First Tee home office including its oversight organizations from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee Chapter facility or program(s). This hold harmless agreement includes, but is not limited to, any claim due to injury resulting from negligence of The First Tee Chapter, The First Tee home office and its oversight organizations, employees, agents, LPGA or PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and The First Tee home office communicating information regarding my child's participation via the internet.

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

Please Print Name: _____

Please note that registrations will not be accepted after the class start date. Space is limited for each session. If the session that you wish to attend is full, when we receive your registration, we will contact you to arrange a different date or return your payment. Payment may also be made to the head coach, on the first day of class.

First Tee Gulf Coast

3924 West Navy Boulevard
Pensacola, FL 32507

Please contact our office with any question
Phone: (850) 456-7010 Fax: (850) 456-7779
Email: ct@firstteegulfcoast.org
www.firstteegulfcoast.org

Office hours Monday - Friday, 9:30 AM - 5:00 PM

A.C. Read Head Coach

Coach Josh Meador

A.C. Read Golf Course:
3495 Pensacola NAS, Pensacola, FL 32508
(850) 452-2454
www.navymwrpensacola.com