Participant Registration Form
Custom Fit Golf Academy
John Prince Golf Learning Center
4754 S. Congress Ave. Lake Worth, FL 33461
Tel.: 561-628-7354 / 561-629-8723

FRIDAY & SATURDAY – PLAYER LEVEL CLASSES
SATURDAY - Special Needs Class & LPGA-USGA Girls Golf

1. The First Tee - Player Level Class (Saturdays: 9-Week Program)	**S-11/17/18 to S-2/2/19**	**$150**	**9:30 – 10:30 Player Level Class**	**AGES 7 TO 12**
2. The First Tee - Player Level Class (Fridays: 9-Week Program)	**F-11/16/18 to F-2/1/19**	**$150**	**5:00 – 6:00 Player Level Class**	**AGES 13 TO 17**
3.First Tee - Special Needs Class (Saturdays: 9-Week Program)	**S-11/17/18 to S-2/2/19**	**FREE**	**2:00-3:00 Special Needs Class**	**Ages 10+**
4. LPGA-USGA Girls Golf (Saturdays: 9-Week Program)	**S-11/17/18 to S-2/2/19**	**$150**	**4:00 – 5:00 LPGA-USGA Girls Golf**	**AGES 6 TO 16**

***PLEASE CIRCLE WHICH CLASS YOUR CHILD WILL BE ATTENDING FROM ABOVE: 1, 2, 3, 4

(PLEASE PRINT OR TYPE INFORMATION)

GOLF EXPERIENCE: (circle one) New to Golf Beginner Intermediate Advanced

PARTICIPANT'S NAME: _____
Last First Middle

SCHOOL: _____**GRADE LEVEL**_____**ETHNICITY**_____

GENDER: _____Female _____Male **AGE:**_____**DATE OF BIRTH:**_____

ADDRESS:_____

CITY_____**STATE**_____**ZIP**_____

PARENT CELL PHONES FOR EMERGENCY TEXTING:(____)_____ (____)_____

PLEASE PRINT PARENT EMAIL CAREFULLY: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

LIST ALL ALLERGIES OR SPECIAL CIRCUMSTANCES REGARDING YOUR CHILD: _____

_____

EMERGENCY CONTACT:

_____
Name (**Primary Guardian**) Relationship Cell Phone

PHOTO RELEASE AND INDEMNIFICATION CLAUSE AUTHORIZATION:

Permission is hereby granted for participant to appear in still or motion pictures using participants' name for educational, promotional, or other purposes only. In consideration for myself or my child to participate in the above program, I, the participant, parent or legal guardian of a participant, agree to protect, defend, reimburse, indemnify and hold The First Tee Palm Beaches / Custom Fit Golf Academy / John Prince Golf Learning Center and Palm Beach County, their agents, designees, employees, and board of directors free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my or my child's participation in this program. I hereby assume the risk of participation in this program and agree to hold The First Tee Palm Beaches / Custom Fit Golf Academy / John Prince Golf Learning Center and Palm Beach County, their agents, designees, employees, and board of directors free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my or my child's property incident to or in connection with my or my child's participation in this program. Permission is hereby granted for participant above to participate in The First Tee Palm Beaches / Custom Fit Golf Academy / John Prince Golf Learning Center and Palm Beach County programs including community outings, and authorization is hereby given for emergency medical care of said participant. I have read the above and understand it and hereby agree that I will not hold The First Tee Palm Beaches / Custom Fit Golf Academy / John Prince Golf Learning Center and Palm Beach County liable for any injuries that may occur as a result of participation in the recreation activities provided The First Tee Palm Beaches / Custom Fit Golf Academy / John Prince Golf Learning Center and Palm Beach County

_____
SIGNATURE Mandatory (PARENT/GUARDIAN if under 18) **DATE**_____

Participant Registration Form Deadline: Friday, November 10, 2018
$150.00 Program fee by Credit Card, Cash or Check payable to: Palm Beach County
EMAIL PARTICIPANT REGISTRATION FORM TO: nancy@nancystuartgolf.com