# PIÑON HILLS/CIVITAN

## 2024 Spring Junior Golf Programs

<table>
<thead>
<tr>
<th>age</th>
<th>time</th>
<th>dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8</td>
<td>3:45-4:45PM</td>
<td>Thursdays</td>
</tr>
<tr>
<td></td>
<td></td>
<td>March 28th - May 2nd</td>
</tr>
<tr>
<td>9-13</td>
<td>5:00-6:00PM</td>
<td>(3/28, 4/4, 4/11, 4/18,</td>
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<td></td>
<td>4/25, 5/2)</td>
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<tr>
<td>OP36</td>
<td>4:00PM Tee</td>
<td>Friday 4/26</td>
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<tr>
<td>All Ages</td>
<td>Times @Civitan</td>
<td>Friday 5/3</td>
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</tbody>
</table>

Register at firstteefourcorners.org

(OR Cash/Check payable to Luke Tanner with completed entry form. Turn in at Piñon Hills Front Desk)

$160 per session

For more information contact Luke @505-330-3531

Financial assistance available.
Registration and Permission Form

Youth Information (All fields required / Please print clearly)

Name: _______________________________________________ Female __Male
Address: _____________________________________________ City: __________________ State: ____ Zip: _____
Ethnicity: __African American __Asian-American __Caucasian __Hispanic __Native-American __Other:
Birth Date: (_____/_____/_____) School: __________________________ Grade Level: __________
Health Concerns: _______________________________________________________________________________________

Parent/Guardian Information
Parent/Legal Guardian Name: _________________________________________________________________
Relationship to Participant: __________________________________________________________________________
E-mail (Required): ____________________________________________________________
Phone: (home) __________________(cell)__________________
Emergency Contact: ____________________________________________________________
Relationship to Participant: ___________________________ Phone: ____________________________

I hereby give First Tee - Four Corners, 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 First Tee - Four Corners 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
First Tee - Four Corners or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies,
and volunteers. I consent to First Tee - Four Corners and Headquarters Office communicating information regarding my
child’s participation via the internet.

If 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 First Tee - Four Corners representatives. I hereby
give permission to the medical personnel selected by First Tee - Four Corners representatives to secure all medical,
hospitalization, dental, and/or surgical treatment. If such medical attention is needed from a healthcare provider, all
costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: __________

Print Name: ______________________________________________________