



Membership Application Form

Name: _____ Male/Female: _____
Last First Middle

Address: _____ City: _____ St: _____ Zip: _____

Home phone: _____ Student's Cell: _____ DOB: _____
(mm/dd/yyyy)

Student's Email: _____

School: _____ Grade: _____ High School Graduation Year: _____

Ethnicity: African American ☒ American Indian ☒ Asian/Pacific ☒ Caucasian ☒ Hispanic ☒ Multi racial ☒ Other ☒

Class # you are registering for: _____ New or Returning Member: _____ Level if returning: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Parent's Email(s): _____

Emergency Contact Person: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Emergency Contact 3: _____ Phone: _____

Parent/Guardian Consent & Information

I consent to allow my child to participate in all youth programs hosted by The First Tee of Metropolitan New York. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant golf shot and the risk of my child causing injury to another person or damage to the property of another. I release, and agree to hold harmless, The First Tee of Metropolitan New York, the participating facility and the employees thereof from any and all liabilities resulting from such causes. I grant The First Tee of Metropolitan New York and its subsidiaries, the right to videotape, film and photograph my child, and the right, in perpetuity, to use my child's name, likeness, biographical information and voice in all forms of media (including the internet) in connection with the advertising and promotion of The First Tee of Metropolitan New York.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Emergency Medical and Surgical Treatment

In the event a parent/guardian or emergency contact person cannot be reached, the parent or guardian below does hereby consent to all emergency medical and surgical treatments, including anesthesia and operations, which may be deemed advisable by any treating physicians and surgeons. The intention hereby being to grant authority to administer and perform all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable and necessary. I also agree that if the student is admitted to a hospital, he or she is to remain there until the treating physician recommends discharge.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Office Use Only
Paid by:
Cash: _____
Check: _____
Credit: _____
Taken by: