



2020 The First Tee Student Enrollment Form

Calendar of Program Services at: www.firstteenps.org

Participants: Last Name _____ First _____

Gender M/F _____ DOB _____ Grade in School _____

Address _____ City _____ Zip _____

Day Phone # _____ Evening Phone # _____

Email Contact _____

Parent(s) or Guardian Name _____

Special Needs/Health Issues _____

Emergency Contact (relationship) _____ phone # _____

Photo Release (OK to use your child's image for only our marketing?) _____ yes _____ no

How did you hear about our program?

