***MUNCIE’S FIRST TEE PROGRAM***

***PRESENTED BY:***

***CRESTVIEW GOLF CLUB & MD’S GOLF ACADEMY***

START: Monday, June 10th

FINISH: Friday, June 14th

WHO: BOYS & GIRLS AGES 7 & UP

COST: $165.00

REGISTER: [www.firstteeindiana.org](http://www.firstteeindiana.org) / Use the QR Code On Flyer

ENTRY DEADLINE: WEDNESDAY, June 5th

TIME: 8:00A.M. – 10:00A.M.

PROGRAM INCLUDES:

* (5) DAYS OF PROFESSIONAL INSTRUCTION (PGA GOLF PROFESSIONALS DOUG BISHOP AND MATT SAUTER)
* (3) DAYS INSTRUCTION AT MD’S GOLF ACADEMY / (2) DAYS ON COURSE INSTRUCTION AT CRESTVIEW GOLF CLUB, (10) TOTAL HOURS OF PROFESSIONAL INSTRUCTION
* TWELVE BUCKET RANGE CARD FROM MD’S GOLF ACADEMY AND MEMBERSHIP TO THE EXECUTIVE COURSE AT CRESTVIEW GOLF CLUB, TOTAL VALUE $175.00
* END OF THE YEAR PRESENTATION (FRIDAY, JUNE 14th AFTER CLASS)

SCHEDULE:

MD’S GOLF ACADEMY: MONDAY – WEDNESDAY (JUNE 10TH – 12TH)

CRESTVIEW GOLF CLUB: THURSDAY & FRIDAY (JUNE 13TH & 14TH)

**MUNCIE’S FIRST TEE PROGRAM**

**PARTICIPATION FORM**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACTS (NAME & NUMBER):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALLERGIES OR SPECIAL MEDICAL CONDITIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I, THE PARENT/GUARDIAN OF THE MINOR CHILD LISTED ON THIS APPLICATION, FOR OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY RELEASE, WAIVE, ACQUIT AND FOREVER DISCHARGE CRESTVIEW GOLF CLUB AND MD’S GOLF ACADEMY, THEIR REPRESENTATIVES, SUCCESSORS, INSURERS, ASSIGNS OR ANY OTHER PERSON OR ENTITY ACCOCIATED WITH CRESTVIEW GOLF CLUB AND MD’S GOLF ACADEMY, SUCH AS STAFF, OWNERS, OR VOLUNTEERS, FROM ALL LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION FOR ANY AND ALL LOSS, DAMAGE, INJURY OR DEATH AND ANY CLAIM OF DAMAGES RESULTING FROM USE OF FACILITIES OWNED OR CONTROLLED BY THE ABOVE ORGANIZATION, OR PARTICIPATION IN ACTIVITIES OF SAID ORGANIZATIONS EITHER AT OR AWAY FROM THE FACILITY.***

***I GIVE PERMISSION TO CRESTVIEW GOLF CLUB AND MD’S GOLF ACADEMY TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY MINOR CHILD IF I CANNOT BE REACHED. I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS OF MEDICAL ATTENTION AND TREATMENT.***

***PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***