



## **2019 Application for Participation**

**Program:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Head Coach:** \_\_\_\_\_  
**Session dates:** \_\_\_\_\_  
**Fee\*:** \_\_\_\_\_

*\*Fee is currently \$120.00 per session. Scholarships are available. Ages 8-18.*

**RETURN COMPLETED APPLICATION AND INCOME FORM TO: The First Tee office at 424 Center St  
Room 300 Bethlehem PA 18018; 610-868-5290**

**PARTICIPANT NAME** \_\_\_\_\_  MALE  FEMALE

**ADDRESS** (number, street) \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Honor Roll**  yes  no

**HOME PHONE #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ETHNICITY:**  African American  Caucasian  Hispanic  Asian  Multi-Racial  Other \_\_\_\_\_

**Participant Level / Initialed by Head Coach :** \_\_\_\_\_

### **THE FOLLOWING LIABILITY/RELEASE MUST BE READ AND SIGNED BY APPLICANT AND PARENT OR GUARDIAN FOR PARTICIPATION IN THIS PROGRAM:**

**Medical Liability:** Parents having children who have extreme allergies, adverse reactions to bee stings, are prone to severe poison ivy outbreaks, or have any other medical conditions, are responsible for adequately preparing their children, and do, through participation in the *Embrace Your Dreams-The First Tee Golf Program* indicate that their children are physically and mentally fit to participate in the program. Under no circumstance whatsoever, will any *Embrace Your Dreams* golf program instructor handle or dispense any medication. I understand that I am financially responsible for any medical bills incurred by my child while participating in the *Embrace Your Dreams-The First Tee Golf Program*. In case of emergency, I grant permission for my child to be given emergency treatment by the appropriate medical personnel. Participants engaging in disruptive behavior may be removed from the program at EYD's discretion.

**Release:** The undersigned applicant to the *Embrace Your Dreams-The First Tee Golf Program* and his/her parent(s) or legal guardian(s), do hereby agree to release, discharge, and hold harmless *Embrace Your Dreams-The First Tee Golf Program*, its officers, employees, sponsors and agents from any and all liability for any accidental incident or consequence involving the said applicant, arising out of or related to the applicants entry or participation in activities offered by *Embrace Your Dreams-The First Tee Golf Program* or any other *Embrace Your Dreams* activity, including fieldtrips. This agreement holds EYD harmless and includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or home office, its employees, agents, PGA professionals, participating agencies and volunteers. EYD staff will under no circumstances release children to anyone other than the authorized parent(s), guardians(s), or to an individual authorized by parents in writing, including relatives of children. Sign-in and sign-out logs will be maintained on a daily basis and kept on file at the program site.

**PHOTO RELEASE:** I give my permission to Embrace Your Dreams to use photographs and films/videos of myself and/or children for educational or promotional purposes. These materials may be utilized for immediate or future use. I understand that the photographs/films/videos will not be used for commercial purposes.

**PARENT/LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

Honesty - Integrity – Respect - Responsibility - Confidence - Perseverance – Sportsmanship - Courtesy – Judgment

**PARENT/GUARDIAN CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (if different from participant) \_\_\_\_\_

**RACE AND ETHNICITY:** This information is required solely to assure non-discrimination in Federally-funded programs.

Please check off boxes **in both columns**.

**Ethnicity:**

Race (Please select one or more statements which best describe your racial composition):

<input type="checkbox"/> I am Hispanic/Latino  <input type="checkbox"/> I am <b>not</b> Hispanic or Latino	<input type="checkbox"/> I am White. <input type="checkbox"/> I am Black or African American. <input type="checkbox"/> I am Asian. <input type="checkbox"/> I am American Indian or Alaska Native. <input type="checkbox"/> I am Native Hawaiian or Other Pacific Islander. <input type="checkbox"/> I am American Indian or Alaskan Native & White. <input type="checkbox"/> I am Asian & White. <input type="checkbox"/> I am Black or African American & White. <input type="checkbox"/> I am American Indian or Alaskan Native & Black or African American. <input type="checkbox"/> I am Other Multi-Racial.
--	--

**HOUSEHOLD AND INCOME VERIFICATION**

Please select the number of people in your household under the Household Size column **and** the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

**Household Size**

<u>1</u> person	_____ \$0 – \$14,950	_____ \$14,951 – \$24,950	_____ \$24,951 – \$39,900
<u>2</u> people	_____ \$0 – \$17,100	_____ \$17,101 – \$28,500	_____ \$28,501 – \$45,600
<u>3</u> people	_____ \$0 – \$20,090	_____ \$20,091 – \$32,050	_____ \$32,051 – \$51,300
<u>4</u> people	_____ \$0 – \$24,250	_____ \$24,251 – \$35,600	_____ \$35,601 – \$56,950
<u>5</u> people	_____ \$0 – \$28,410	_____ \$28,411 – \$38,450	_____ \$38,451 – \$61,500
<u>6</u> people	_____ \$0 – \$32,570	_____ \$32,571 – \$41,300	_____ \$41,301 – \$66,100
<u>7</u> people	_____ \$0 – \$36,730	_____ \$36,731 – \$44,150	_____ \$44,151 – \$70,650
<u>8</u> people	_____ \$0 - \$40,890	_____ \$40,891 - \$47,000	_____ \$47,001 - \$75,200

Is a female the head of your household? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that all the information stated herein is true and accurate. **Warning:** The City of Allentown, City of Bethlehem, and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)