



**2021 Hogan's Junior Golf Heroes Foundation
DBA First Tee Omaha
Summer Programming Paper Registration**

ONLY FOR: 1st Responders, Military, Law Enforcement & Teachers

ALL OTHERS---PLEASE access our summer programming REGISTRATION portal on our website (firstteeomaha.org)

PLEASE PRINT:

Student's Name: _____ **DOB:** ___/___/___/ **AGE:** _____

Gender: M ___ F ___ **Purple** ___ **Grade Level I:** _____ **Ethnicity: (Circle):** African American, Asian American, Caucasian, Hispanic, Native American, Other

To select: Session, Location, Date & Time, please select from complete listing on REVERSE SIDE

Session: ___ **Location:** _____ **Dates: Begin:** _____ **End:** _____ **Time:** _____

Please check your applicable employment

___ 1st Responder: EMT, Fire & Medical ___ Law Enforcement: ___ Military ___ Teacher/Administrator

Specify your registration / badge # _____ **State:** _____

Supervisors Name: _____

Cell #: _____ **E-Mail:** _____

Location code: Steve Hogan (SH); Spring Lake (SL); Platteview GC (PVCC); Eagle Hills (EH); Indian Creek (IC) & Pacific Springs/Elkhorn Ridge (PSER)

**PRICING: 1st Responders,
Military, Law Enforcement
& Teachers/Administrators**

(SH)	(SL)	(PVCC)	(EH)	(IC)	(PSER)
FREE	FREE	\$25	50% off= \$50	50% off=\$75	50% off=\$75

Parent/Legal Guardian: _____

(Please Print) Last First MI

Phone #: _____ **E-Mail:** _____

Mailing address: _____

HEALTH INFORMATION PARENT/GUARDIAN INITIAL: _____

In the event that I cannot be reached in an emergency, I agree to accept and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Tee Chapter representatives with regard(s) to my child/children's health. I hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

MEDIA RELEASE: PARENT/GUARDIAN INITIAL: _____

I hereby affirm The First Tee Chapter, 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 named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter 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 The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via internet.

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

PHONE #: _____ **Additional Phone #:** _____

Mail REGISTRATION: First Tee Omaha | 12020 Shamrock Plaza # 200 | Omaha, NE 68154 (or)

Scan to: jporter @thefirstteeomaha.org

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<u>Session #</u>	<u>Location/Days</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Requested Time</u>
VII	Spring Lake (M, T & Th)	June 14	June 24	8:30-9:30
VII	Spring Lake (M, T & TH)	June 14	June 24	9:45-10:45
VIII	Steve Hogan (T-Fr & M-Fr)	May 25	June 4	8:00-9:00 (OR) 9:15-10:15 (OR) 10:30-11:30 (OR) 11:45-12:45 (OR) 1:00-2:00
VIII	Steve Hogan (M-Fr & M-Th)	June 7	June 18	8:00-9:00 (OR) 9:15-10:15 (OR) 10:30-11:30 (OR) 11:45-12:45 (OR) 1:00-2:00
VIII	Steve Hogan (M-Fr & M-Th)	June 21	July 1	8:00-9:00 (OR) 9:15-10:15 (OR) 10:30-11:30 (OR) 11:45-12:45 (OR) 1:00-2:00
VIII	Steve Hogan (M-Fr & M-TH)	July 5	July 15	8:00-9:00 (OR) 9:15-10:15 (OR) 10:30-11:30 (OR) 11:45-12:45 (OR) 1:00-2:00