



EDUCATION | CHARACTER DEVELOPMENT | LEADERSHIP



# Member Registration

☐ New

☐ Renewal

Official Use Only  
Received by (staff initials): \_\_\_\_\_

PK Database:     /     /     /

Mgr. Review:     /     /     /     Int.

## Home Course

☐ City Heights     ☐ Oceanside

Receipt #: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
(First) (Last)

Gender: ☐ Female ☐ Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: ☐ African-American or African     ☐ Asian-American or Asian     ☐ Caucasian     ☐ Hispanic  
☐ Native-American     ☐ Pacific Islander     ☐ Other     ☐ Don't wish to respond.

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
mm/dd/yy

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First) (Last)

Phone Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile/Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Parent Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Does your child have any known allergies or medical conditions that Pro Kids should be aware of ☐ Yes ☐ No

If yes, please describe below:

## MEMBER AGREEMENT

I agree to act with the Pro Kids | The First Tee of San Diego core values (honesty, responsibility, integrity, sportsmanship, respect, perseverance, courtesy, judgment) guiding my decision-making. I agree to abide by all clubhouse/golf course rules and other regulations. If I choose to go against this agreement, I understand that I will be subject to disciplinary action which may include, but is not limited to, suspension or expulsion from Pro Kids.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LEGAL GUARDIAN PERMISSION: *Liability Release, Medical, Media, School*

I agree, that the above child's participation in Pro Kids program and activities at the Pro Kids facility or elsewhere is without assumption of liability of any nature by the Pro Kids Golf Academy, Inc. its officers, directors, employees and staff or other volunteer instructors, any golf course or driving range or any other facility where the program activities are conducted. I do hereby, release and discharge the above mentioned individuals and entities from any and all claims my child may suffer or sustain, directly or indirectly, in connection with any such participation and activities.

As parent/guardian of this child, I do 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.

I hereby give Pro Kids and participating agencies permission to use **film, video tape and/or photographs** of the above mentioned minor for lawful promotional or information purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature)

**Please help Pro Kids offer free or discounted programs for your child!** We receive funding from a variety of organizations in the community. Your information will help us when asking for future support to offer a great program for your child. This information will remain confidential. **Thank you!**

1. I consider myself (the parent/legal guardian) to be **(check one)**:

- |  |  |                                    |   |
|--|--|------------------------------------|---|
| <input type="checkbox"/> African-American or African | <input type="checkbox"/> Asian-American or Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic               |
| <input type="checkbox"/> Native-American             | <input type="checkbox"/> Pacific Islander        | <input type="checkbox"/> Other     | <input type="checkbox"/> Don't wish to respond. |

2. Family Size (Circle One): 1    2    3    4    5    6    7    8    Other: \_\_\_\_\_

3. Household Income (Circle One):

- |                     |                     |
|---------------------|---------------------|
| < \$10,000          | \$50,000 - \$74,000 |
| \$10,000 - \$24,000 | \$75,000 - \$99,000 |
| \$25,000 - \$49,000 | \$100,000 +         |

## CHOOSE YOUR MEMBERSHIP PLAN

**Membership will be renewable on the anniversary of your registration date each year**

**One year of membership includes the following benefits:**

Access to golf and life skills classes, professional golf instruction, local field trips and golf trips, use of golf course and practice areas, community service projects, scheduled tutoring, custom fit golf equipment and career and college prep.

*Membership can also include additional access, at no additional charge, to highly specialized programs such as the Pro Kids Academy, the SMASH Lab STEM program, the annual college road trip, First Tee and Pro Kids Trip and Travel programs and the Pro Kids Scholarship opportunity. These programs require application and acceptance.*

☐ **PLAN A: \$1000 or \$84 per month** (Monthly payments are available online only)

**This plan is the full cost of one year of our golf and life skills program.** (Benefits described above). This plan includes membership for the whole family to the Pro Kids Champions Club. See staff for details.

☐ **PLAN B : \$500 or \$42 per month** (Monthly payments are available online only)

**This plan is half the full cost of one year of our golf and life skills program.** (Benefits described above).

☐ **PLAN C: \$200 or \$18 per month** (Monthly payments are available online only)

**This plan is 20% of the full cost of one year of our golf and life skills program.** (Benefits described above).

☐ **ERNIE's PLAN: Fee waiver request and donate what you can!**

Fee waiver requests require documentation of the categories noted below. We encourage families who are requesting a fee waiver to make a donation of any size if you are able.

**Documentation accepted to request fee waiver:** \_\_\_\_\_ **Admin Initials**

\_\_\_\_\_ **PROVISION 2 SCHOOL:** Attends a Provision 2 School (Requires proof of Enrollment)

\_\_\_\_\_ **MILITARY:** Parent/guardian is an active or retired member of the United States military/Veteran

\_\_\_\_\_ **FREE AND REDUCED LUNCH:** Individual/family qualifies for Free or Reduced Lunch Program (Requires evidence.) Note: Households who receive Food Stamps, CalWORKs, Kin-GAP, FDPIR, or Life Line benefits also qualify.

\_\_\_\_\_ **SPECIAL CIRCUMSTANCES:** A letter regarding a special circumstance, explaining the need for a fee waiver, is attached.