



Official Use Only	
Received by (staff initials):	_____
PK Database:	/ /
Mgr. Review:	/ / _____ Int.
<b>Home Course</b>	
<input type="checkbox"/> City Heights	<input type="checkbox"/> Oceanside
Receipt #: _____	

# Member Registration

New       Renewal (PK ID: \_\_\_\_\_)

Member's Name: \_\_\_\_\_ Gender:  Female  Male  
(First) (Last)

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

Ethnicity:  African-American or African     Asian-American or Asian     Caucasian     Hispanic/Latino  
 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: Mobile: ( ) -      Work/Home: ( ) -      Parent Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Contact's relationship to member: \_\_\_\_\_

Does your child have any known allergies or medical conditions of which Pro Kids should be aware?  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: \_\_\_\_\_

## PARENT/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 minor, 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 informational purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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/Latino       |
| <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. Yearly Household Income **(Circle One)**:

- |                     |                     |                       |
|---------------------|---------------------|-----------------------|
| < \$10,000          | \$50,000 - \$74,999 | Don't wish to respond |
| \$10,000 - \$24,999 | \$75,000 - \$99,999 |                       |
| \$25,000 - \$49,999 | \$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, use of golf course and practice areas, custom fit golf equipment.
- Access to field trips and golf trips, community service projects.
- Scheduled tutoring and career and college prep.
- Membership may also include additional access, at no added cost, to specialized programs including the Pro Kids Academy, the SMASH Lab STEM program, college road trips, First Tee and Pro Kids Trip and Travel programs, and the Pro Kids Scholarship opportunity. *These programs require an application to be considered for admission.*

**PLAN A\*: \$250 one-time payment** (*Payment can be made online with a credit/debit card or in person with a check*)

**PLAN B\*: \$25 month-to-month payment** (*Monthly payments are available online only*)

*\*Additional siblings may be eligible for a membership discount upon site director's approval.*

**ERNIE'S PLAN: Fee waiver request; please donate if you are able!**

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

\_\_\_\_\_ **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.

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