



Volunteer Coach Registration Form

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Male Female

Birthdate: ___/___/___

Phone _____

Email _____

Emergency Contact _____ Phone _____

Waiver of Liability

I agree that participation in **The First Tee Central Coast** activities without assumption of liability of any nature by **The First Tee Central Coast** 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 I may suffer or sustain, directly or indirectly, in connection with any such participation in program activities.

Signature: _____ Date: _____