



2011 Golf In School Teaching Application

(Please Print. Fill in all applicable information)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Current Job Title: _____

Schools you have contacted:

1. School Name: _____ Potential Date: _____

Address: _____ Contact at School: _____

Class Size: _____ Number of classes you will teach: _____

2. School Name: _____ Potential Date: _____

Address: _____ Contact at School: _____

Class Size: _____ Number of classes you will teach: _____

CONTINUED ON NEXT PAGE.....

Please read thoroughly and sign below:

1. I consent to teach in Golf In School programs hosted by The First Tee of Milwaukee County and The Wisconsin PGA Junior Foundation. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of being hit by an errant or misdirected golf shot, and the risk of causing injury to another person or damage to the property of another, and I release, and agree to hold harmless, The First Tee of Milwaukee County and The Wisconsin PGA Junior Foundation and the employees thereof from any and all liabilities resulting from such causes.
2. I understand and agree that by submitting this application I, the applicant, voluntarily waive my privacy rights to the extent necessary for The First Tee of Milwaukee County to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background checks.
3. I give my consent for any agency such as police, sheriff, court, social services, etc. to release any information regarding criminal history, character references and employment and furnish it to The First Tee of Milwaukee County.
4. I give my consent for any agency such as police, sheriff, court, social services, etc. to release any information regarding criminal history, character references and employment and furnish it to The First Tee of Milwaukee County.
5. I understand and agree that The First Tee of Milwaukee County can deny any applicant for any reason or for no reason at all.
6. I understand and agree that this application is valid for two years and a new application has to be completed immediately thereafter.
7. I understand and agree that by submitting this application I, the applicant, affirm that all the foregoing information I have provided is true and correct.
8. I understand and agree that by submitting this application I, the applicant, agree that if any of the foregoing information is incorrect, I will forever indemnify and hold The First Tee of Milwaukee County harmless for any acts or omissions on my behalf as they relate to any incorrect information I have provided.

Print Name _____ Date _____

Signature _____ Date _____