

The First Tee Day!

**5th Grade Golf Outing - Victory Hills Golf Course
Thursday, May 16th, 2024**

What is it? This is a opportunity for students to participate in a set of golf skill clinics held on the course. Why? To further their skills learned in the physical education program. Each elementary school has a scheduled time of several hours across the day. Central is 9:45 – 11:30 am approximately.

Who will be teaching? The students will be learning from coaches from the First Tee of Pittsburgh program, EF golf coaches, and EF golf team members. The students will be chaperoned by their Homeroom and Physical Education teachers.

What will they need that day? All students will need weather appropriate clothing, along with their tennis shoes. Students may want to wear a hat and sunscreen. Golf shoes are not required. They will be on the course for approximately an hour and fifteen minutes. See your permission slip for your time slot for the day. They will eat lunch in their home buildings.

What is the cost? The cost is free. Victory Hills is donating the facility, and the school district is providing the bussing. The First Tee of Pittsburgh is providing coaches.

Who is the First Tee? The First Tee is a golf development program. The Pittsburgh Chapter is located at the Bob O'Connor Golf Course in Schenley Park. They provide life-skill instruction through the game of golf. There are clinics available through The First Tee Program at Victory Hills Golf Course here in Elizabeth, too! The website for information is:

<https://www.thefirstteepittsburgh.org/about/what-is-the-first-tee-of-pittsburgh/>

Who do I contact if I have a question? Contact Mr. Sikorski (msikorski@efsd.net) or Mrs. Hoffman (lhoffman@efsd.net), or send a note in to your child's homeroom teacher – they will forward onto the PE teacher in your building.

Please return the attached permission slip signed by Monday, May 13th to your child's homeroom teacher. Thank you.



ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037 412.896.2310 FAX 412.751.9483

STUDENT FIELD TRIP PERMISSION FORM

(Please print)

Group (Class or Activity) 5th Grade Golf Clinics

Teacher(s)/Sponsor(s) Mrs. Hoffman, Mr. Sikorski

Destination of Field Trip Victory Hills GC Date(s) of Field Trip 5/16/24

Departure Time 9:30 Return Time 11:30 Method of Transportation school bus

STUDENT INFORMATION

Student Name _____ Date of Birth ____/____/____

Family's Home Phone Number _____ Cell Phone Number _____

Father's Work Number _____ Mother's Work Number _____

Person to call if neither parent can be reached _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Physician Name _____ Phone _____

Describe student's allergies, special factors, current medications: _____

Does the student have health insurance coverage? Yes [] No []

Health Insurance Provider's Name _____

Policy/Certificate # _____ Group # _____

Name Insured/Policyholder _____

Check one, if it applies: [] I will transport MY CHILD ONLY to and from the event/activity.
[] My child has my permission to drive to this event/activity and return to school. NO OTHER STUDENT passengers will accompany my child in the vehicle.

Parent/Guardian Signature _____ Date ____/____/____

Print Parent/Guardian Name _____