



Dade Amateur Golf Association

Participant Permission Form

Today's Date: _____
Participation: New Return
Member Since: / / 200

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Contact Information

Participant First Name: _____ Participants Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Work: _____ Fax Number: _____
Participant's Email Address: _____
Emergency Contact: _____ Phone: _____
School Name: _____ Current Grade: _____
Birth Date: (____/____/____) Age: _____ Gender: Female _____ Male _____
Ethnicity: African-American _____ Asian-American _____ Caucasian Hispanic _____ Native-American _____ Pacific Islander _____ Other _____
Parent/Legal Guardian: _____ Relationship: _____
Parent's Email Address: _____

Participation Consent Form completed by: Mother _____ Father _____ Legal Guardian _____
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Health Information

Health Information: _____ Disability Information: _____
Emergency Contact: _____ Relationship: _____
(In case parent/guardian cannot be reached)

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by The First Tee Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.
Parent/Guardian Initials: _____
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Equipment

I understand that any golf equipment received for use is the property of The First Tee program, and may be returned at the discretion of The First Tee facility upon the termination of the participant's involvement in the program.
Parent/Guardian Initials: _____
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Media Release

I hereby give The First Tee Chapter, Headquarters Office 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 Initials: _____
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I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Please Print Name: _____

Parent/Authorized Guardian Signature: _____ *Date:* _____