

PARTICIPANT PERMISSION FORM

| | | | | | |
|--|---|---|--|--|--|
| Thursday The First Tee After School | Saturday The First Tee Advanced Level | Saturday The First Tee Clinic | Sunday The First Tee Joe Roach Clinic | Friday YWPA | Orange Bowl "Drive For Excellence" |
| • 4:00 PM-5:30 PM • \$10 • All Levels / Ages 5 yrs. old & up | • Year-round • 12:30-2:30 PM • \$20 • Pars, Birdies & Eagles | • Year-round • 3:00 PM-5:00 PM • \$20 • PLAYers & Pars | • Year-round • 2-4 PM • \$10 • PLAYers & Pars | • Following School Schedule • 3:00 p.m. - 5:00 p.m. • All Levels | • Tuesday & Friday • 4:00 p.m. - 5:30 p.m. • Saturday • 3:30 p.m. - 5:30 p.m. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D.A.G.A. (Dade Amateur Golf Association)
 For Information Call: John Reed 305-633-4583
 International Links Miami-Melreese C.C.
 1802 N.W. 37th Ave
 Miami, Florida 33125



Shirt Size _____

JUNIOR GOLF CLINICS \$15 Annual Registration Fee Includes: T-shirt, Water Bottle, First Tee Player Book & Player Bag Tag

Contact Information

Participant First Name: _____ Nickname: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Work: _____ Fax Number: _____

Participant's Email Address: _____ Other: _____

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: _____ Secondary Email: _____

Participation Consent Form Completed By: Mother _____ Father _____ Legal Guardian _____

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: _____

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: _____

Media Release

I hereby give The First Tee Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photograph of the above mentioned minor for lawful promotional or informational purposes.

Parent/Guardian Initials: _____

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 Parent/Authorized Guardian Name: _____

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