



Youth Golf Foundation Participant Permission Form

Today's Date: _____/_____/_____ 2012 Participation 2012: New ___ Return ___

Please Select Class/Ages: Hogan (12-17) _____ Jones (7-12) _____ Palmer (10+) _____ Little Linkers (4-7) _____

Youth Information

Name: _____

Gender: Female _____ Male _____

Address: _____

City: _____ State: _____ Zip _____

Ethnicity: African-American/Asian-American/Caucasian/Hispanic/Native-American/Pacific Islander/Other/Do not wish to respond

Birth Date: (_____/_____/_____) School: _____ Grade: _____

Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in this program? ___ No ___ Yes IF yes, please explain: _____

Please List any Special Needs: _____

In an effort to provide special services for your child and to accommodate his/her needs, please describe the type of modifications and accommodations that may be beneficial _____

Does your child need golf clubs? No: _____ Yes: _____ If yes, Age _____ RH or LH & Height _____

Parent/Legal Guardian: _____

Relationship: _____ Email: _____

Phone: (Home) _____ (Cell) _____

Health Information - Emergency Contact: _____

Relationship: _____ Work Place: _____ Phone: _____

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 Youth Golf Foundation of NC representatives. I hereby give permission to the medical personnel selected by The Youth Golf Foundation 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 Youth Golf Foundation program, and may be returned at the discretion of Foundation upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: _____

Media Release - I hereby give The Youth Golf Foundation, and participating agencies permission to use film, videotape and/or photographs 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 Youth Golf Foundation sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless The Youth Golf Foundation and participating Golf Course/Facility from claim(s) of any nature arising from any activity, including transportation, connected with The Youth Golf Foundation Program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The Youth Golf Foundation of NC communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____

For Youth Golf Foundation of NC

Method of Payment: Cash _____ Check _____ Pay Pal _____ Payment Date: _____

Amount: _____ Staff Member Initials _____