



Applicant # _____

Prospect # _____

Participant Permission Form

Today's Date: _____

Participation: _____ New

Youth Information

Name: _____
(First) (Middle) (Last)

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 Level: _____

Health Information: Are there any medical conditions that may have a bearing on your child's participation in The First Tee of Greater El Paso's program? _____ No _____ Yes

If yes, please explain: _____

Disability Information: Does your child have a disability that may have a bearing on your child's participation in The First Tee of Greater El Paso's program? _____ No _____ Yes

If yes, please explain: _____

Parent/Legal Guardian: _____
(First) (Last)

Relationship _____ E-mail: _____

Phone: (Day) _____ (Eve) _____

Family Income: ____ Below \$10,000 ____ \$10,000-\$24,999 ____ \$25,000-\$49,999
____ \$50,000-\$74,999 ____ \$75,000-\$100,000 ____ above \$100,000 ____ Do not wish to respond

Participation Form completed by: ____ Mother ____ Father ____ Legal Guardian

Health Information: Emergency Contact: If parent/guardian cannot be reached

Relationship to Participant: _____

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 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, I agree that 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, home 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: _____

I, the parent/legal guardian of the above named youth, give approval for participation in The First Tee Chapter sponsored activities. I understand that The First Tee Chapter is an independent organization which benefits from the participation of many golf organizations including The First Tee home office and its oversight organizations PGA TOUR, PGA of America, USGA, Augusta National Golf Club, and the LPGA. I assume all risks of injury whatsoever and agree to hold harmless The First Tee Chapter and The First Tee home office including its oversight organizations from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee Chapter facility or program(s). This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter, The First Tee home office and its oversight organizations, employees, agents, LPGA or PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and The First Tee home office communicating information regarding my child's participation via the internet.

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

Please Print Name: _____

Witness Signature: _____ **Date** _____

Please Print Name: _____