



PARTICIPANT PERMISSION FORM

Today's Date: _____ **Participation:** ___New ___Return **Level:** _____

Youth Information

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

Gender : ___Female ___ Male

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

- Ethnicity (For Statistic Purposes):** African-American Asian-American Caucasian
 Hispanic Native-American Pacific Islander Other Don't wish to respond
 Free & Reduced Lunch Program (Proof of Participation Required)

Birth Date: (___/___/___)

School: _____ **Grade Level:** _____

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

E-mail Address1: _____

E-mail Address2: _____

Phone:(Cell) _____ **(Home)** _____

Golf Experience: Does your child have previous experience playing golf or taking golf lessons?

___ No ___ Yes

If yes, please describe his/her experience.

Health Information: Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in The First Tee of the Coachella Valley's program?

___ No ___ Yes

If yes, please explain.

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Disability Information: *Does your child have a disability that may have a bearing on your child's participation in The First Tee of the Coachella Valley's program? ___ No ___ Yes If yes, please explain.*

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: _____

Please Print Name: _____ **Date:** _____



**CONSENT, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE
Minor Participant Under 18 Years of Age**

(Please Print Neatly and Legibly)

Participant Name:	Date of Birth: (Mo/Day/Year)
Parent/Guardian Name:	Date of Birth: (Mo/Day/Year)
Participant Address: (Number/Street/City/State/Zip)	Participant Home Phone Number:
	Participant Cell Phone Number:
Parent/Guardian Address: (If Different from Participant Address)	Parent/Guardian Home Phone Number:
	Parent/Guardian Cell Phone Number:
	Parent/Guardian Work Phone Number:
Emergency Contact 1 Name (A person other than parent or guardian)	Emer. Contact Home Phone Number:
	Emer. Contact Cell Phone Number:
	Emer. Contact Work Phone Number:
Emergency Contact Name 2 (A person other than parent/guardian or Emergency Contact 1)	Emer. Contact Home Phone Number:
	Emer. Contact Cell Phone Number:
	Emer. Contact Work Phone Number:

I hereby state that I am the custodial parent/guardian of _____ (Participant Full Name), and I grant my child permission to participate in the Desert Recreation District (District) _____ (hereinafter "event/class"). I fully understand that the event/class may involve field trips, including transportation to and from various locations by bus or automobile. I fully understand that my child's participation in the event/class exposes my child to the risk of personal injury, death or property damage. I hereby acknowledge that with my voluntary consent my child is voluntarily participating in this event/class and agree to assume any such risks.

On behalf of myself, the other parent or guardian, my child and I hereby release, discharge and agree not to sue Desert Recreation District for any injury, death or damage to or loss of personal property arising out of, or in connection with, my child's participation in the event/class from whatever cause, including the active or passive negligence of Desert Recreation District employees or any other participants in the event/class, understanding that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for my child being permitted to participate in the event/class, I hereby agree, for myself, my child, our heirs, administrators, executors and assigns, that we shall indemnify, defend and hold harmless the Desert Recreation District and its employees from any and all claims, demands, actions or suits arising out of or in connection with my child's participation or failure to participate in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Printed Name of Parent/Guardian

Date

Signature of Parent Guardian

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in a program supervised by Desert Recreation District or its officers, agents, employees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent and pursuant to California Civil Code Section 25.8 and Family Code Section 6910 for emergency medical and/or dental treatment as shall be necessary under the circumstances and agree to be responsible for the cost of such care.

I UNDERSTAND THAT THE DESERT RECREATION DISTRICT DOES NOT PROVIDE MEDICAL OR DENTAL INSURANCE FOR THIS PROGRAM AND THAT ANY SUCH TREATMENT IS AT MY SOLE COST AND EXPENSE.

Printed Name of Parent/Guardian

Date

Signature of Parent Guardian

FAMILY PHYSICIAN/HMO: _____ PHONE: _____

Please provide the information listed below. This information will remain confidential to the fullest extent possible. Pertinent medical history information - Does the minor have any conditions or diseases (epilepsy or other seizure disorder - diabetes)?

Drug Allergies: Is the minor allergic to penicillin or any other drug? _____

Drug Allergies Continued: _____

Other Allergies: _____

Is a physician currently treating the minor? _____

Does the minor regularly take medication? If so, what medication? _____

**CONSENT TO USE OF NAME OR LIKENESS
INCLUDING CONSENT ON BEHALF OF A MINOR**

I, on behalf of myself and/or as the custodial parent/guardian of _____
(Participant Full Name), hereby consent to and grant the Desert Recreation District (District) the right to use my or the minor's name, voice, signature, photograph, or likeness for any lawful purpose including that encompassed by California Civil Code Section 3344. I understand that the District may at its discretion, photograph me or the minor and/or make recordings of my or minor's voice, and/or reproduce my or minor's physical likeness as it may appear in any still camera photograph, motion picture film or video tape and/or recordings of my or minor's voice prepared or made while participating in the District's recreational program for use in connection with any exhibition, promotional program, advertisement and broadcast, on television and any motion picture film or video tape regarding such recreational program or as promotional material for the District. My and minor's name, voice, signature, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my or minor's name, voice, signature, photograph or likeness.

I CERTIFY AND REPRESENT THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF.

Printed Name of Parent/Guardian

Date

Signature of Parent Guardian