



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Participant: **New Return**  
 Member Since: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Shirt Size: S M L XL



# Participant Permission Form

**Youth Information**

Name: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
 First Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ethnicity:  African-American  Asian-American  Caucasian  Hispanic  Native-American  Pacific Islander  Other  Don't wish to respond

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Health Information: \_\_\_\_\_ Disability Information: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 First Last

E-mail Address: \_\_\_\_\_ 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 Consent Form completed  by:  Mother  Father Legal Guardian

**Contact Information**

Emergency Contact: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (if 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 of the Glades representatives. I hereby give permission to the medical personnel selected by The First Tee of the Glades 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 of the Glades, and may be returned at the discretion of The First Tee of the Glades facility upon the termination of the participant's involvement in the program.

Parent/Guardian Initials: \_\_\_\_\_

**Media Release**

I hereby give The First Tee of the Glades, home office and Palm Beach County Sheriff's Office 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 of the Glades sponsored activities. I understand that The First Tee of the Glades 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 of the Glades 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 of the Glades 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 of the Glades, 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 of the Glades and The First Tee home office communicating information regarding my child's participation via the internet.

In consideration for the transportation provided to myself and/or my child by the Palm Beach County Sheriff's Office in conjunction with my participation in the Glades Golf & Academic Program (The First Tee of the Glades), I agree to release, hold harmless, and indemnify Ric L. Bradshaw, Sheriff of Palm Beach County, his successors, agents, officers, employees, and appointees, from any and all manner of actions, causes of action, suits, damages, judgments, and any claims of any kind whatsoever, in law or equity, for any damages or injuries which I or my child may sustain as a result of, in the course of, or as a consequence of, directly or indirectly, the transportation provided or participation in the Program, including any injury or damages caused by a third party. I agree the Palm Beach County Sheriff's Office is not responsible for the loss of personal property. I give consent for members of the Palm Beach County Sheriff's Office to take necessary steps in treating any emergency, in the event I cannot be reached or if I am the victim of the emergency. I understand that my participation in the Program and the transportation by the Palm Beach County Sheriff's Office is voluntary. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND I FULLY UNDERSTAND ITS TERMS AND I AM SIGNING THIS RELEASE FREELY AND VOLUNTARILY.

Parent/Guardian Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_