

The First Tee of Greater Houston 2015 Participant Permission & Agreement Form

NEW MEMBER FORM - Rank# _____



Youth Information

Child's Name: _____ Gender: Female Male

Youth Shirt Size: _____ Age: _____ Birth Date: (____/____/____) Grade Level: _____

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

Ethnicity (circle): African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other

Parent/Legal Guardian: _____ Phone: (home) _____

Phone: (mobile) _____ E-mail Address: _____

Participant Tracking

Are you an HGA Jr Golf Mentor? Yes No

Have you done The First Tee at school? Yes No If so, what school district? _____

Are you a Girl Scout? Yes No

Are you a YMCA of Greater Houston member? Yes No If so, what branch? _____

Health Information

Emergency Contact Number: _____ Name/Relationship: _____

Are there any medical conditions or does your child have a disability that may have a bearing on your child's participation in The First Tee of Greater Houston (TFTGH) program? Yes No 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 TFTGH representatives. I hereby give permission to the medical personnel selected by TFTGH 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.

Equipment

I understand that any golf equipment received for use is the property of TFTGH, and may be required to be returned at the discretion of TFTGH representatives upon the termination of the participant's involvement in the program.

Media Release

I also hereby release and consent that any photographs, motion pictures, videotape and/or other electronic likeness in which either I or my son and/or daughter appear, and any audio recordings of either I or my son and/or daughter's voice may be used by TFTGH, its assigns or successors, in whatever way they desire, including television and electronic media; furthermore, I hereby consent that such photographs, film, and recordings, and the plates and/or tapes, from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they desire free and clear of any claim whatsoever on my part.

Code of Conduct

I agree as a parent/guardian to adhere to the following code of conduct and understand that my son and/or daughter must also adhere to the following: During TFTGH activities no parent/guardian, youth participant or guest shall: (1) verbally or physically abuse, threaten or disrespect a fellow parent/guardian, youth participant, volunteer, employee, guest, caddie or other persons conducting, participating in, hosting or attending a TFTGH activity; (2) use obscene language; (3) cause physical damage to, or loss of, property or equipment of any of the parties set forth above or of the host facility; or (4) use or be under the influence of alcohol, or an unauthorized controlled substance during a TFTGH activity. Any violation of the above code of conduct is grounds for immediate removal of the youth participant, parent/guardian or guest from the activity and host facility, and the loss of the privilege to participate in TFTGH program.

*Parent/Guardian Initials – Page 1: _____

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Participant Acknowledgement, Release, Waiver and Hold Harmless Agreement

I acknowledge that at all times, my son and/or daughter is a participant in the 2015 TFTGH program, and my son and/or daughter is not an employee of the Houston Golf Association. I further acknowledge my son and/or daughter shall not be entitled to participate in a benefit from any employee benefit or welfare plans, including but not limited to employee health or liability insurance, and my son and/or daughter shall rely on my personal health and liability insurance in the event my son and/or daughter sustains any injuries or damages incident to such participation.

Pursuant to my son and/or daughter’s participation in the 2015 TFTGH program, I recognize that there are certain risks and possible bodily or personal injuries and damages that one may sustain through such participation, including but not limited to the following: (i) being struck by a golf club or an errant or misdirected golf ball; (ii) being struck by a golf cart or other vehicle; (iii) falls due to unevenness of terrains or surfaces; (iv) injuries arising from sports, physical exertion, or outside activities; (v) injuries arising from lightning, heat, cold, rain or other weather-related factors; and (vi) any other injuries or damages my son and/or daughter may sustain as a participant.

Accordingly, on behalf of both myself and my son and/or daughter, I **hereby assume all risks** and dangers associated with my son and/or daughter’s participation with the 2015 TFTGH program, and **hereby release, waive and hold harmless** on behalf of myself and my son and/or daughter and those claiming by, through or under us the Houston Golf Association from all claims, damages or causes of action which I or my son and/or daughter may have now or hereafter against the above identified parties, and their officers, directors, members, agents, representatives or employees, arising out of any bodily or personal injuries or damages either I or my son and/or daughter may sustain in connection with my son and/or daughter’s participation with the 2015 TFTGH program, including any bodily or personal injuries or damages caused or alleged to be caused all or in part by my son and/or daughter or any other participant or volunteer, or the actions, failure to act or negligence of the Houston Golf Association, and their officers, directors, members, agents and employees.

This 2015 Participant Permission, Release & Agreement Form shall be binding upon me and my son and/or daughter and our heirs, assigns and legal or personal representatives.

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

***Please Print Name:** _____

Class Registration

SELECTION	Dates	Type	Days	Time	Location	Capacity	Currently Available
	7/24-8/22	PLAYer	Sat	9:00-10:30 am	DSC	16	16

Child Name: _____

RETURN COMPLETED FORMS TO 281-454-7070 (FAX) OR 5810 WILSON ROAD, STE 112, HUMBLE, TX 77396