**** 2020 Participant Permission Form

# First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Gender : Male \_\_\_ Female \_\_\_ Birth Date: ( / / ) Parent E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_

Ethnicity (please circle one): Asian / African-American / Caucasian / Hispanic-Latino / Multi-Racial / Native American-Alaskan / Pacific Islander / Other

Mother/Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other/Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any allergies or medical conditions we should be aware of?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian Information

### In the event that I or the designated emergency contact 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 Corning (FTOC) representatives. I hereby give permission of selected medical personnel to secure any and all medical treatment necessary. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent of guardian.

1. I hereby give FTOC and participating agencies permission to videotape, film and/or photograph my child, and the right, in perpetuity, to use my child’s name, likeness, biographical information and voice in all forms of media (including the internet) in connection with the advertising and promotion of FTOC.
2. I understand that any golf equipment received for use is the property of FTOC and is to be returned upon the termination of the participant’s involvement in the program.
3. I hereby represent and affirm that I am the parent or legal guardian of the above-named child and I possess the full and unconditional authority to grant permission for said child to participate in FTOC programming. I hereby grant such permission, and in consideration for accepting my application I, for myself and my child (and anyone entitled to act on our behalf) waive and release FTOC and all affiliated entities, sponsors, their respective representatives and successors, from all claims or liabilities of any kind arising out of my participation in FTOC activities. I hereby covenant that neither I nor any representative will file suit against any of the above named entities, and agree to indemnify and hold same harmless in the event such suit is filed, including reasonable attorney’s fees and other costs of suit.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Class/Camp Attending: \_\_\_\_\_\_\_\_\_ Golf Facility:\_ Willowcreek Golf Club \_

Amount Enclosed:\_\_\_\_\_\_\_ *Please make check payable to* **The First Tee of Corning**

Contact Jon Wilbur, Director, with questions at [info@thefirstteecorning.org](mailto:info@thefirstteecorning.org) or 607-962-4441