



Hammond Youth Golf Academy, Inc - Waiver of Liability and Emergency Contact

New Participant ___ Returning Participant ___ Weekday/Sat. Class _____ Month _____

Name of Child: _____ Male ___ Female ___ Age _____

Race (optional) Caucasian ___ African/American ___ Hispanic ___ Asian ___ Other _____

Date of Birth: ___/___/___ School: _____ Grade _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone: () _____ Other Phone () _____

Email: _____

FINANCIAL INFORMATION

Below \$10,000 _____ \$10,000-\$24,999 _____ \$25,000-\$49,999 _____

\$50,000-\$74,999 _____ \$75,000-\$99,999 _____ \$100,000 and higher _____

Number of members in household _____

EMERGENCY CONTACT – Other than parent/guardian

Name _____ Relationship _____

Phone () _____

EQUIPMENT

I understand that any golf equipment received for use is the property of Hammond Youth Golf Academy, Inc. and must be returned upon each instructional lesson.

Parent/Guardian Initials: _____

MEDIA RELEASE

I hereby give The First Tee of Hammond, The First Tee of Lake County and the Hammond Youth Golf Academy, Inc. permission to use any film, videotape, and/or photographs of the above-mentioned minor for promotional or informational purposes and understand that such permission is given without requirement or expectation of compensation for same and I understand that none will be offered.

Parent/Guardian Initials: _____

HEALTH INFORMATION

Physician's Name: _____ Phone: () _____

Please list any and all health conditions, diagnoses, and medical conditions whatsoever that your child has: _____

Allergies/Other: _____

Does your child have: Asthma? _____ Diabetes? _____ Epilepsy? _____

In the event that I cannot be reached in an emergency, I permit and agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by the Hammond Youth Golf Academy, Inc. representatives. I hereby give permission to the medical personnel selected by the Hammond Youth Golf Academy, Inc. representatives to secure any and all advised hospitalization, medical dental and/or surgical treatment. In the event that such medical treatment is deemed needed by a healthcare provider, all cost of such care shall be borne by the parent or guardian.

I agree to the above (Parent/Guardian Initials) _____

ASSUMPTION OF RISK/WAIVER OF LIABILITY

I/We, the parents/legal guardians of the above named youth give approval of participation in the Hammond Youth Golf Academy, Inc. sponsored activities. I assume all risks of injury whatsoever and agree to hold forever harmless The First Tee of Hammond program, The First Tee of Lake County program, The Hammond Youth Golf Academy, Inc., the Hammond Port Authority, the World Golf Foundation, The First Tee, their employees, Directors, representatives, agents, board members from any and all loss, claim, injury, damage, or liability sustained or incurred resulting from any activity, game, function, exercise, competition, or any other activity including any transportation to and from any activity, which is caused by or resulting from an act or omission, whether negligent, intentional, reckless or otherwise of any employee, Director, Board member, representative or agent of The First Tee of Hammond and The First Tee of Lake County program, the Hammond Youth Golf Academy, Inc., the Hammond Port Authority, the World Golf Foundation, The First Tee. My signature below indicates that I have read and understand the above and constitutes my full acceptance of this waiver.

Parent/Guardian Signature

Date

For Office Use Only: