



2010 Golfing Unlimited Participant Application Form
Monday's 5:00-6:00 pm April 12th-May 17th

Please mail completed application with \$45.00 check to Society for Handicapped Children and Adults 1129 8th Street Ste 101 Modesto, Ca. 95354

New to 1st Tee Program: ___ Returning ___ Beginner ___ Intermediate ___
 NCGA Handicap ___ NO ___ YES/GHIN # _____ LPGA/USGA Girls Golf Member ___ YES ___ NO
 How did you hear about The Golfing Unlimited Program? Friends ___ School ___ Other (Specify) _____
 Have you participated in a Society for Handicapped program before? Yes ___ No ___ if yes, which one? _____

Youth Information (Please complete all categories.)

Name: _____ Gender : Female ___ Male ___
 (First, Last)
 Address: _____ City: _____ State: ___ Zip Code: _____
 Ethnicity: African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other (specify)
 Birth Date: (____/____/____) School: _____ Grade Level: _____
 Health Information (Allergies,Med): _____ Disability Information: _____
 Parent/Legal Guardian: _____ Relationship _____
 (First, Last)
 E-mail Address: _____ Phone: _____ Cell: _____

Household Income (Family of four): Below 15,000/yr 15,000- 24,999/yr 25,000-39,999/yr 40,000-75,000/yr +75,000/yr

Participation Consent Form completed by: Mother Father Legal Guardian Other-Specify _____

Emergency/Health Information

Emergency Contact: _____ Relationship: _____
 (if parent/guardian cannot be reached)

Work Place: _____ Phone: _____

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 Society for Handicapped and The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by Society for Handicapped and 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, all costs shall be the responsibility of the parent/ 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 Society for Handicapped Children and Adults, The First Tee Chapter, Headquarters 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 Society for Handicapped Golfing Unlimited program and The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless Society for Handicapped Children and Adults, The First Tee Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Society for Handicapped Children and Adults, The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to Society for Handicapped Children and Adults, The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

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

Please Print Name: _____

Please return form and \$45.00 fee for 2010 Golfing Unlimited clinic to Society for Handicapped 1129 8th Street Ste 101 Modesto Ca. 95354