



REGISTRATION FORM PARTICIPANT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BIRTH

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

CONTACT INFORMATION: PARENT/LEGAL GUARDIAN:

Mr.,Mrs.,Ms. \_\_\_\_\_ PHONE

NUMBER: \_\_\_\_\_ EMAIL

ADDRESS: \_\_\_\_\_

PERMISSION/RELEASE/WAIVER (PARENT/LEGAL GUARDIAN, PLEASE INITIAL ON LINE)

GENERAL PERMISSION : I/We the parents/legal guardian(s) of the above named youth give approval for the participation in the The First Tee - Greater Trenton sponsored activities.

I/We assume all risk of injury whatsoever and agree to hold harmless the headquarters, office, The First Tee -Greater Trenton, and any other associated organization or individual from claim(s) of any nature arising from the activity, including transportation, connected with The First Tee of Greater Trenton. This “holds harmless” The First Tee of Greater Trenton, its employees, agents, LPGA and PGA professionals, participating agencies and volunteers.

MEDICAL WAIVER : In the event that I/We cannot be reached in an emergency, I/We agree to accept any and all determinations of need for medical assistance and/or administration of medical personnel selected by The First Tee of Greater Trenton representatives to secure any and all advised hospitalization, medical, dental, and surgical treatment. In the event that such medical treatment is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian. \_\_\_\_\_ Media Release : I/We hereby give The First Tee - Greater Trenton, Headquarters office and participating agencies permission to use any film, video, tape, photographs of the above mentioned minor and parent or guardian for lawful promotion or information services. \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_