



2019 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? _____

Best way to contact for change due to weather (please circle one) – EMAIL HOME PHONE CELL PHONE

Parent/Guardian Information

1. 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 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.
2. I hereby give The First Tee of Corning 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 The First Tee of Corning.
3. I understand that any golf equipment received for use is the property of The First Tee of Corning and is to be returned upon the termination of the participant's involvement in the program.
4. I grant my child permission to participate in The First Tee of Corning sponsored program. I understand and assume the risk and danger incidental to the game of golf, including but not limited to, the risk of my child being hit by an errant or misdirected golf shot, and I agree to hold harmless The First Tee of Corning, participating agencies, the participating facility and the employees thereof from any and all liabilities resulting from such causes.

Signature of Parent or Guardian: _____ Date: _____

Session Attending: _____ Amount Enclosed: _____ Golf Facility: _____

Golf Experience: **None / Some / Plays** If Golf Clubs Required: **Right / Left**

Please make check payable to **The First Tee of Corning**

Mail Form to: **The First Tee of Corning
1 W Market St – Suite 604
Corning, NY 14830**

Contact with Questions: **Jon Wilbur, Director
607-962-4441
info@thefirstteecorning.org**