



Participant Permission Form

Class Requested: _____

Youth Information

Name: _____ Gender : Female Male
(First, Last)

Address: _____ City: _____ State: _____ Zip Code: _____

Ethnicity: African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other Don't wish to respond

Birth Date: (____/____/____) School: _____ Grade Level: _____

Health Information: _____ Disability Information: _____

Parent/Legal Guardian: _____ Relationship: _____
(First, Last)

E-mail Address: _____ Phone:(day) _____ (eve) _____

Family Income:
 Below \$10,000 \$10,000-\$24,999 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$100,000 Above \$100,000 Do not wish to respond

Participation Consent Form completed by: Mother Father Legal Guardian

Waiver of Liability and Release Please read and sign below

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition.

I further certify that the above mentioned participant(s) has/have had no previous preexisting medical condition or injury including but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in The First Tee® of San Jose requires an acceptance of risk. By my signature on this Waiver of Liability and Release, I hereby release and hold harmless The First Tee® of San Jose, City of San Jose, San Jose Sports Authority, sponsors, promoters and all other persons and entities associated with The First Tee® of San Jose from any and all claims that might arise out of the participant(s) participation in The First Tee® of San Jose. I understand that emergency care may be provided to the above participant(s) in the event of injury or illness during The First Tee® of San Jose activities and hereby authorize such emergency medical care.

Furthermore, I hereby grant full permission to all of the foregoing to transport the above participant(s) upon request to and from locations associated with The First Tee® of San Jose and to use the above participant(s) photograph in videotape, publications, motion pictures, recordings or other related events.

I have read and fully understand the foregoing and certify and represent that as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby consent to the terms of the Waiver of Liability and Release and represent that I have authority to bind and sign on behalf of all parents/guardians of the above participant(s).

Signature of Parent or Guardian

Date

Scholarships

- I am not able to pay for my child to participate in The First Tee of San Jose. We would like to be considered for a scholarship.

Contributions

Do you have interest in any of the following?

- I can volunteer for The First Tee of San Jose (help during classes, distribute flyers etc.)
- I can fundraise or donate in-kind services toward The First Tee® of San Jose
- I would like to provide scholarship funding.

Classes are held at:

**Rancho del Pueblo GC
1649 Hermocilla Way
San Jose, CA 95116**

(408) 347-0990