



New Student
 Returning Student

2019 Participant Permission Form

The First Tee of Central New Mexico

(505) 424-0413

www.thefirstteecentralnewmexico.org

Skill Level (Circle One):	PLAYER	Par	Birdie	Eagle	Ace	Session Code # _____
<input type="checkbox"/> Needs Clubs		Circle One: RH or LH		Student's Height: _____ ft _____ in		

Student's First Name _____ Middle Initial _____ Last Name _____

Address _____ Birth Date ____/____/____ Gender M / F

City _____ State _____ Zip _____

School Name _____ Grade _____ Age _____

Health Conditions _____ Disability _____

Ethnicity: African-American Asian-American Caucasian Hispanic Native American Multi-Racial Other

Parent/Guardian's First Name _____ Last Name _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____ Place of Employment _____

Email _____

Email is our primary method of chapter communication.

Family Income: : Below \$10,000 \$10,000-24,999 \$25,000-49,999 \$50,000-74,999 \$75,000-99,999 Above \$100,000

Participant Permission Form Completed By: Mother Father Legal Guardian Other _____

Emergency Contact/Physician Information:

Physician's Name _____ Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

I ACKNOWLEDGE, agree, and represent that I understand the nature of athletic activities involved and that (student) _____ is qualified, in good health, and in proper physical condition to participate in such activity.

I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISK AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by my own actions, or interactions, the actions or inactions of others participating in the Activity, the condition in which the activity takes place, or the negligence of the Releases named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity. In the event 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 The First Tee representatives. I hereby give permission to all medical personnel selected by the First Tee representatives to secure any and all advised hospitalization, medical, dental and or surgical treatment. In the event that such medical attention is needed by a healthcare professional, all costs of such care shall be borne by the parent or guardian.

Parent/Legal Guardian Signature: _____

Equipment: Parent/Guardian Initials: _____

I/We hereby understand that any golf equipment received for use is property of The First Tee Program, and must be returned upon termination of the participant's involvement in the program.

Media Release: Parent/Guardian Initials: _____

I/We hereby give The First Tee of Central New Mexico and participating agencies permission to use any film, videotape and photographs of the above minor for lawful promotion or informational purposes.

AND I, the minor's parent and/or legal guardian, understand the nature of the Athletic activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS The First Tee of Central New Mexico from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by negligence of The First Tee of Central New Mexico or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS The First Tee of Central New Mexico from any litigation expenses, attorney fees, loss liability, damage, or cost it may incur as the result of any such claim.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

For Chapter Use:		
Payment Amount	_____	
Payment Type	_____	
Payment Received	____/____/____	
Camp	Session	Play Day