



# Department of Defense Program Participant Permission Form

Today's Date: \_\_\_\_\_  
Participation:      New      Return

## 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) \_\_\_\_\_  
Military Base: \_\_\_\_\_

Sponsor's Branch:  Air Force  Army  Marines  Navy Sponsor's Rank:  Officer  Enlisted  DOD Civilian

Participation Consent Form completed by:  Mother  Father  Legal Guardian

## 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 The First Tee Chapter representatives. I hereby give permission to the medical personnel selected by 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 or 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 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 The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless 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 The First Tee Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to The First Tee Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_