



# Participant Permission Form

First Tee – Shenandoah Valley • Harrisonburg, VA • (540) 437-4239

[www.firstteeshenandoahvalley.org](http://www.firstteeshenandoahvalley.org) • thefirstteeharrisonburgVA@gmail.com

Director of Programs: Nate Hildebrand

Today's Date: \_\_\_\_\_ Session Day \_\_\_\_\_ Time \_\_\_\_\_ Participation: New \_\_\_ Return \_\_\_

Level in Program: (circle one): *Little Legends* *Player* *Par* *Birdie* *Eagle*

How did you hear about us?: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ County Resident? (circle one) Yes No

Ethnicity: (circle one) *African-American* *Asian-American* *Caucasian* *Hispanic* *Native-American* *Other* *No Response*

## PARENT/GUARDIAN CONTACT INFORMATION

Names of Parents/Guardians: \_\_\_\_\_

Best Number to Reach you (Emergency, Class Cancellation): \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Parents/Guardians Place(s) of Employment \_\_\_\_\_

Email Address: \_\_\_\_\_

*Note: Your email address will be used to notify you of current events and other program related information only. It will not be shared with any other agency.*

Authorized Alternate Pick-Up: \_\_\_\_\_

(In the event you are unable to pick up your child/grandchild)

## HEALTH INFORMATION

Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in the First Tee of Harrisonburg's program?  No  Yes. If yes, please explain.

\_\_\_\_\_

## CONSENT

**Medical Emergency:** 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 to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be borne by the parent or guardian.

Parent/Guardian Initials

**Media Release:** I hereby give The First Tee of Harrisonburg, home office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes. I consent to The First Tee Chapter, The City of Harrisonburg, and Headquarters Office communicating information regarding my child's participation via the Internet.

Parent/Guardian Initials

I, the parent/legal guardian of the above named youth, give approval for his/her participation in The First Tee sponsored activities. I assume all risks of injury whatsoever and agree to indemnify, defend and hold harmless The First Tee of Harrisonburg, Great Eastern Resort Management, Inc., its parent, affiliates, employees, directors and agents (GERM), The City of Harrisonburg, and Headquarters Office from and against claim(s) of any nature (including legal fees, court costs, statutory or other liability) arising in any way from injury, death, damage or loss (personal or property) from any activity, including transportation, connected with The First Tee program or Massanutten Resort. This indemnification and hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee Chapter, GERM, The City of Harrisonburg, or Headquarters Office, its employees, agents, professionals, participating agencies and volunteers. I understand and agree to this.

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

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