GIRLS GOLF LPGA*USGA

Changing Lives one Swing at a Time

Participant Form

Participant Information - please print or type - all information is required

LPGA-USGA Girls Golf of (city, state) _____

Participant's Name _____ Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Participant's Birth Date ___/___/___ Parent/Guardian _____ Day Phone (____) _____

School _____ Grade _____ Parent Email _____

Consent & Release - Parent or Guardian MUST sign in space indicated below for application to be considered.

Parent/Guardian Statement

I, the parent (or guardian) of the participant named above, am familiar with the plans and purposes of LPGA-USGA Girls Golf and give full permission for my child/ward to attend LPGA-USGA Girls Golf events and to participate in all phases of LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I agree to waive and release any rights and claims for damages against, and hold harmless LPGA-USGA Girls Golf, LPGA, The LPGA Foundation, the USGA, and each of their respective officers, directors, employees, volunteers, workers, members and agents, from and against any and all injuries or damages which may result from or arise out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities.

Dispute Resolution

In the event of a controversy or claim arising out of or relating to this Participant Form the undersigned hereby agrees to arbitration held in a mutually agreeable location in accordance with the Commercial Arbitration rules of the American Arbitration Association. A judgment rendered by the arbitrators shall be final and nonappealable, and may be entered in any court having jurisdiction thereof.

Medical Emergency Statement

I, the parent (or guardian) of the participant, give my permission for my child/ward to receive emergency medical treatment, if necessary, as a result of participation in the LPGA-USGA Girls Golf program. It is understood that every effort will be made to contact me before taking this action.

Release of Participant

Person(s) other than parent who may pick up the participant at the end of any LPGA-USGA Girls Golf event:

_____

Name ***Address*** ***City*** ***State*** ***Zip***

_____

Relationship ***Day Phone*** ***Night Phone***

In Witness Whereof I have read, understand and agree to this entire consent form.

*** PARENT/GUARDIAN SIGNATURE REQUIRED** _____

Name ***Date***

Golfing Experience

Please check the level that best describes your ability:

- ☐ **Level I:** New Golfer - Very little or no on-course experience.
- ☐ **Level II:** Able to play hole 125 yards from green.
- ☐ **Level III:** Average between 65-75 for nine holes on a regulation course.
- ☐ **Level IV:** Average between 55-64 for nine holes on a regulation course.
- ☐ **Level V:** Play 18 holes with a score of 110 or better on a regulation course.
- ☐ **Level VI:** Play 18 holes with a score of 95 or better on a regulation course.

Do you own your own clubs?_____ Other junior golf affiliation _____

Photo & Press Release

I, being Parent/Guardian of _____, hereby consent that any photographs and/or motion pictures or videotape in which my child/ward appears, and any audio recordings made of her voice may be used by LPGA-USGA Girls Golf, its assigns or successors, in whatever way they desire, including television and electronic media; furthermore, I hereby consent that such photographs, films, and recordings, and the plates and/or tapes, from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they desire free and clear of any claim whatsoever on my part. _____ (***INITIALS OF PARENT/GUARDIAN***)

For statistical purposes only (optional - you are not required to answer): Which of the following best describes your race or ethnic group?

☐ Alaskan Native / American Indian ☐ Asian / Pacific Islander ☐ Black or African American ☐ Hispanic ☐ White ☐ Other