

Youth Golf Programs Participant Permission Form

DITR Program: Summer Winter Session: AM PM Summer/Winter Program Date: _____

Participation: New Returning Camp Name: _____ Child's Shirt Size: _____

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

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

School Name: _____ Grade: _____ Age: _____ Birth Date: ____/____/____ Gender: M F

Health Conditions/Special Medical Needs/Disabilities: _____

Ethnicity: African-American/Black Asian-American Caucasian Hispanic Native-American Pacific Islander Other Do Not Wish to Respond

Parent/Guardian's Last Name: _____ Middle Initial: _____ First Name: _____ Suffix: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Parent/Guardian's Occupation: _____ Employer: _____

Parent(s) Active Duty Military If Yes, Which Parent? Mother Father Both Which Branch? _____

Email is Our Primary Method of Communication Please be advised that under Florida law, email address are public records. If you do not want your email address released in response to a public records request, do not provide your email address on this form.

Parent/Guardian's Email: _____ Student's Email: _____

Family Income: Up to \$15,999 \$16,000 to \$19,999 \$20,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 Above \$100,000 Do Not Wish to Respond

How Did You Hear About Us? _____

Emergency Contact/Physician Information: Physician Name: _____ Physician Phone Number: _____

Emergency Contact Name: _____ Relationship to Student: _____ Phone Number: _____

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

I ACKNOWLEDGE, agree, and represent that I understand the nature of the 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 *Hollywood's Diamonds in the Rough, Inc.* representatives. I hereby give permission to all medical personnel selected by the *Hollywood's Diamonds in the Rough, Inc.* 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.

Equipment

I/We hereby understand that any golf equipment received for use is property of *Hollywood's Diamonds in the Rough, Inc. Program*, and must be returned upon termination of the participant's involvement in the program. Parent/Guardian Initials: _____

Media Release

I/We hereby give *Hollywood's Diamonds in the Rough, Inc.* and participating agencies permission to use any film, videotape and photographs of the above minor for lawful promotion or informational purposes. Parent/Guardian Initials: _____

Out of Program Contact

I/We hereby understand that any out of program contact with *Hollywood's Diamonds in the Rough, Inc.* representatives and participating representatives is at the discretion of the above minor's guardian. This includes, but is not limited to, private lessons, social media and other out of program activities and/or communication.

Parent/Guardian Initials: _____

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 *Hollywood's Diamonds in the Rough, Inc.* 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 *Hollywood's Diamonds in the Rough, Inc.* 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 *Hollywood's Diamonds in the Rough, Inc.* from any litigation expenses, attorney fees, loss liability, damage, or cost it may incur as the result of any such claim.

Parent or Legal Guardian Printed Name: _____ Signature: _____ Date: _____

Witness Printed Name: _____ Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO **Hollywood's Diamonds in the Rough, Inc.** Thank You!

400 Entrada Drive | Hollywood, FL 33021 | 954-967-4660 (fax) | WeShine@Diamonds-Golf.org

