



**Participant Information - please print or type - ALL INFORMATION IS REQUIRED**

LPGA-USGA Girls Golf of (city, state) \_\_\_\_\_  
Participant's Name \_\_\_\_\_  
Participant's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Participant Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Gender - Male  Female

**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? Yes  No  If so, what brand? \_\_\_\_\_  
Member of High School Golf Team? Yes  No  Average 9 hole score \_\_\_\_\_ Average 18 hole score \_\_\_\_\_  
Other Junior Golf Program Affiliations \_\_\_\_\_

**For statistical purposes only (optional):**

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

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

**Parent/Guardian Statement**

I, being parent/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 LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I, my personal representatives and administrators, heirs, and next of kin agree to waive and release any and all rights and claims for damages or liability of any kind against, and hold harmless LPGA-USGA Girls Golf, LPGA, The LPGA Foundation, the USGA, and each of their respective affiliates, officers, directors, employees, volunteers, workers, members and agents ("Releasees"), from and against any and all injuries, damages and any other claims which may result from or arise out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities.

- I will be responsible for my child's personal belongings and equipment and will not hold Releasees responsible for their loss.
- My child will treat the facilities and equipment provided by LPGA-USGA Girls Golf with care. I understand that I will be assessed for any damage to facilities or equipment caused by my child's acts or omissions.
- I understand that if my child is sent home early due to any serious misconduct, it will be at my expense, and LPGA-USGA Girls Golf will make the travel arrangements.

**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, being parent/guardian of the participant: (i) 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; and (ii) agree to indemnify, waive, release, covenant not to sue, and forever discharge Releasees from any and all liability or claims arising out of such treatment.

**Photo & Press Release**

I, being parent/guardian of the participant do hereby grant permission throughout the universe to Releasees to utilize my child/ward's likeness, image, voice, and/or words incidental to any pictures, television, radio, videotapes, recordings, film, the Internet, or any other form or medium now known or hereinafter devised without compensation, payment of royalties, notification, or permission. I further understand and irrevocably agree that (1) these materials will become the property of Releasees and will not be returned to me; (2) Releasees may edit, alter, copy, exhibit, publish or distribute photos for purposes of publicizing or promoting Releasees, its programs, or for any other lawful purpose; and (3) I waive any right to inspect or approve Releasees' use of my child/ward's likeness, image, voice, and/or words. \_\_\_\_\_ **(INITIALS OF PARENT/GUARDIAN)**

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent Email \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE(REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_