



# Tee Divas & Tee Dudes Golf Club (TDTD) Junior Golf Application

## Participant Permission and Registration Form

### JUNIOR'S INFORMATION:

Last \_\_\_\_\_ First \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Junior's Email: (Print) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you belong to another Jr. Golf Program: Yes \_\_\_ No \_\_\_ Handicap: \_\_\_\_\_ GHIN # \_\_\_\_\_

If yes, please enter Program name: \_\_\_\_\_:

Youth Shirt Size YM 10-12 \_\_\_\_\_ YL 13-14 \_\_\_\_\_ YXL 15-16 \_\_\_\_\_ ADULT SIZES: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

What is your average score for a Regulation Course: 18 holes \_\_\_\_\_ 9 holes \_\_\_\_\_

### FAMILY INFORMATION: Parent /Legal Guardian:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Email (Print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Health Information: \_\_\_\_\_ Phone \_\_\_\_\_

Health/Medical Conditions and/ or special needs: \_\_\_\_\_

### Hold Harmless

Tee Divas & Tee Dudes (TDTD) Golf Club and all of its members, are to be free from any and all liability claims of any kind or other forms of legal action, including costs arising there from any accident which results in or arise out of any loss, property or person, including death, which may be sustained by Junior or parent/guardian while engaged in or traveling to or from TDTD sponsored events. The undersigned parent/guardian give permission to participate in TDTD Golf Club sponsored event. I/We agree to allow the use of any photograph, video, film, audio recording, and digital images of my child participating in any sponsored events for educational, promotional, or marketing materials distributed online, in print, on video, or film.

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

**FOR OFFICE USE ONLY** DATE RECEIVED \_\_\_\_\_ ACCEPTED: YES \_\_\_\_\_

SPONSORED BY: \_\_\_\_\_  
(TDTD CLUB MEMBER)

ACCEPTED BY: \_\_\_\_\_  
(JUNIOR CHAIR) (PRESIDENT)



# Tee Divas & Tee Dudes Junior Golf

## EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Family Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Hospital Name: \_\_\_\_\_ Address \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medication: \_\_\_\_\_

Tylenol Permission: YES OR NO (CIRCLE ONE)

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

Persons Authorized to pick up and/care for your child in emergency if parents can't be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please Provide the Name and Phone number of an out-of-state contact we can use in the event of an earthquake.

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

The Parent /Guardian Accepts full responsibility for notifying Tee Divas & Tee Dudes Golf Club of any changes.



# Tee Divas & Tee Dudes

## Junior Golf Program

### MEDICAL AUTHORIZATION

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize **TEE DIVAS & TEE DUDES GOLF CLUB (TDTD)**, or it's designee as agent for the undersigned to consent to any emergency X-Ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical practice Act on the medical staff of any hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required but is given to provide authority and the power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. It is also understood that the parent/guardian will keep the Tee Divas & Tee Dudes Golf Club and its' agents apprised of any medical condition that the child may develop while in the Tee Divas & Tee Dudes Golf Club organization.

This authorization is given pursuant to the Provisions of Section 25.8 of the Civil Service Code of California.  
I hereby authorize any hospital, which has provided treatment to the provisions of section 25.8 of the Civil Service Code of California to surrender physical custody of such minor to my above named agent upon the completion of treatment.  
This authorization is given pursuant of Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_\_ Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_