

The First Tee of Sharon Mentor Application

*Name _____ *Age _____

*New mentor : Y N

*Home (_____) _____ * Cell (_____) _____

*Birthday ____/____/____ (mo/day/yr.) *Circle One: M F

*Parent/Guardian Name: _____

*Address _____

*City _____ *State _____ *Zip _____

*Current Grade completed (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

*School District Attending: _____

*E-mail : _____

Health Information

Physician's Name _____ Phone (_____) _____

Circle those that apply: asthma bee sting allergies diabetes physical handicaps epilepsy other

Emergency Contact: Name _____

Relationship: _____ Phone: (_____) _____

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of the need for medical assistance and/or administration of medical attention deemed necessary by The First Tee of Sharon representatives. I hereby give permission to the medical personnel selected by The First Tee of Sharon to secure any and all advised hospitalization, medical, dental and/or surgical treatment. In the event that the previous treatments are deemed necessary, all costs of such shall be borne by the parent/guardian.

Parent/ Guardian Signature _____ date _____

MEDIA RELEASE: I/We hereby give The First Tee of Sharon and participating agencies permission to use any films, videotapes, and photographs of the above mentioned minor for lawful promotional or informational purposes.

EQUIPMENT RELEASE: I/We understand that any golf equipment received for use is the property of The First Tee of Sharon Golf program and must be returned upon termination of the participant's involvement with program.

PARENT/GUARDIAN SIGNATURE _____

PLEASE COMPLETE AND SIGN THE FOLLOWING:

I/ We, the parents/legal guardians of the above named youth, give approval of participation in The First Tee of Sharon sponsored activities. I/We assume all risks of injury whatsoever and agree to hold harmless The First Tee program from claim(s) of any nature arising from any activity, including transportation, connected with The First Tee program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of The First Tee of Sharon, its employees, agents, LPGA and PGA professionals, participating agencies and volunteers.

PARENT / GUARDIAN SIGNATURE _____

DATE _____

RELEASE OF LIABILITY;

We , the undersigned parent/guardian and minor applicant, in consideration of being able to participate in The First Tee of Sharon program, do hereby and for ourselves, our children, and any minors under our guardianship, our heirs, executors and administrators, agree to release, forever discharge and hold harmless The Buhl Trust, Buhl Farm Trustees, and all offices, employees, administrators, as well as the World Golf Foundation Inc., and The First Tee and their respective agents, volunteer staff of Buhl Farm, officers, employees, successors and assigns, from any and all claims, actions, causes of actions, demands, rights, suits and damages, and costs, whatsoever, arising out of physical and/or mental personal injuries and property damage which may be sustained by, or caused by, the minor applicant, including damages inflicted through the negligent acts of the minor applicant, as a direct or indirect result of the minor applicant's participation in The First Tee program.

PARENT / GUARDIAN SIGNATURE _____

DATE _____

Bring registration sheets with you to The First Tee of Sharon