



# Activity Application

LPGA-USGA Girls Golf - Simple, Successful and Fun!



## Participant Information - please print

LPGA-USGA Girls Golf of (city, state) Northern Virginia

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Parent Email \_\_\_\_\_

Participant's Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent/Guardian \_\_\_\_\_

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

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

## Golfing Experience

Please check the level that best describes your ability:

**Level I:** New Golfer - Very little or no on-course experience.

**Level IV:** Average between 55-64 for nine holes on a regulation course.

**Level II:** Able to play hole 125 yards from green.

**Level V:** Play 18 holes with a score of 110 or better on a regulation course.

**Level III:** Average between 65-75 for nine holes 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 \_\_\_\_\_

## Consent & Release Form

### 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 daughter/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 daughter's/ward's participation in LPGA-USGA Girls Golf events and activities.

### Medical Emergency Statement

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

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

### 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 and hereunto set my hand in the

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

## Photo & Press Release

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that any photographs and/or motion pictures or videotape in which she 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)

**THIS APPLICATION MUST BE SIGNED BY THE PARTICIPANT'S PARENT/GUARDIAN.**