

Participant Permission Form



Today's Date: _____

Participation: ___ New ___ Return

Youth Information

Name: _____

Age: _____ Grade: _____ Birthday: _____ Gender: ___ Female ___ Male

Address: _____

City: _____ State: _____ Zip _____

Golf Ability: ___ Never Played ___ Driving Range Only ___ Played on Course ___ Tournaments

Participated in a golf program in the past: ___ Yes ___ No If yes, where: _____

What other sports does your junior play: _____

Health / Disability Information: Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in the Del Mar Golf Center's junior program? If yes, please explain.

Parent/Guardian Information

Parent/Legal Guardian: _____

Relationship: _____

Email address: _____

Phone: (day) _____ Eve _____

Del Mar Golf Center (DMGC) staff take every possible precaution to ensure activities are safe for participants. In the unlikely event of an injury DMGC staff will make every attempt to notify the parents listed above. If unable to contact parents above DMGC reserves the right to seek medical treatment on behalf of your child

Terms & Conditions: 1) DMGC does not accept any liability for personal injury, property damage or loss sustained to any participants as a result of their participation in the program. 2) Programs are subject to cancellation, alteration and rearrangement in the event of factors beyond our control. 3) I understand and consent to the activities to be undertaken and location of the activities. 4) I understand that DMGC reserves the right to use for publicity and marketing purposes, photographs of participants taken during the program. 5) I have read, understand and agree to the conditions of entry.

Parent/Guardian Signature: _____ Date: _____