



PROGRAM PARTICIPATION FORM



For All Junior Programs Sponsored by Kevin Britt Golf Academy

Name of Child: _____

Name of Mother/Guardian: _____

Address: _____ City, State, Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Father/Guardian: _____

Address: _____ City, State, Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Allergies: _____ Medical conditions/medications: _____

Health Insurance Company: _____ Policy Holder: _____ Policy # _____

Emergency Medical Authorization

I understand and agree that some activities occurring as a part of or incidental to the Kevin Britt Golf Academy may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that my child has no medical condition or impairment, including the use of medication that might inhibit his/her active participation in any or all of the activities associated with the Kevin Britt Golf Academy. In the case of an injury or medical emergency, I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, I authorize the staff or employees of the Kevin Britt Golf Academy and/or Weed Hill Driving Range to render first aid and/or obtain whatever medical treatment he/she deems necessary for my child's welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees.

Minor Child Release, Liability Waiver and Hold Harmless Statement

I understand and I am fully aware that my child will be involved in a physical sport involving hitting balls, swinging golf clubs, joint manipulation and limb extension and that these mentioned acts can and may cause my child bodily harm. I also understand that there may be other certain risks involved not aforementioned with participating in the Kevin Britt Golf Academy. On behalf of my minor child identified above, I hereby **Release, Discharge and Agree to Hold Harmless** the Kevin Britt Golf Academy, it's Owners, Organizers, Agents, Volunteers, Assistants, Employees and Participants as well as Weed Hill Driving Range, its Officers and Employees, from any and all claims, demands, damages or actions of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in any Kevin Britt Golf Academy activities or during the transportation to a medical facility both now and in the future.

Photograph Release

I permit Kevin Britt Golf Academy to take and use photographs of me and/or my child for the purpose of promoting Kevin Britt Golf Academy programs and activities. This includes permission to publish photographs of me and/or my child for such purpose. I understand that such photographs of me and/or my child remain the property of the Kevin Britt Golf Academy.

Signature of Parent/Guardian _____ Date _____

Witness _____ Date _____