



Participant Permission Form

Facility: Lake Chabot Metropolitan Day: _____ Participation: New Returning

Youth Information

Name: _____ Gender: Female Male

Address: _____ City: _____ State: _____ Zip Code: _____

Ethnicity: African-American Asian-American Caucasian Hispanic Native-American Pacific Islander Other

Birth Date: (____/____/____) Age: _____ School: _____ Grade Level: _____

Health/medical concerns and/or special needs: _____

(If parent/guardian cannot be reached)

Emergency Contact: _____ Phone Number: _____

Family Information

Parent/Legal Guardian: _____ Email: _____

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

Place of Employment: _____

Family Income: (Ethnicity and Income questions are helpful for our grant applications.)

Below \$10,000 \$10,000-\$24,999 \$25,000-\$49,999 \$50,000-\$74,999 \$75,000-\$100,000 Above \$100,000

Does your son/daughter participate in the free/reduced lunch opportunity at their school? YES NO

Fees are \$110.00 for eight-week session, plus an annual \$40.00 application fee. Cash or checks made payable to:

The First Tee of Oakland. Participants will not be denied enrollment for financial reasons. Scholarships are available upon request. No refunds please.

Scholarships

I am not able to pay for my child to participate in The First Tee of Oakland. We would like to be considered for a scholarship.

Questions?

www.thefirstteeoakland.org

510-352-2002

Fax: 510-352-2895

Waiver of Liability and Release

Please read and sign below.

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above mentioned participant(s) has/have had no previous preexisting medical condition or injury including but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in The First Tee® of Oakland requires an acceptance of risk. By my signature on this Waiver of Liability and Release, I hereby release and hold harmless The First Tee® of Oakland, City of Oakland, sponsors, promoters and all other persons and entities associated with The First Tee® of Oakland from any and all claims that might arise out of the participant(s) participation in The First Tee® of Oakland. I understand that emergency care may be provided to the above participant(s) in the event of injury or illness during The First Tee® of Oakland activities and hereby authorize such emergency medical care. Furthermore, I hereby grant full permission to all of the foregoing to transport the above participant(s) upon request to and from locations associated with The First Tee® of Oakland and to use the above participant(s) photograph in videotape, publications, motion pictures, recordings or other related events. I have read and fully understand the foregoing and certify and represent that as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby consent to the terms of the Waiver of Liability and Release and represent that I have authority to bind and sign on behalf of all parents/guardians of the above participant(s).

Signature of Parent or Guardian

Date

Participation Form completed by: Mother Father Legal Guardian

YCS#
Level:
Season:
Year:
Name:
COPY
CERT
NCGA
TFT
PD