



More Choices, Inc
Participant Application Form
dba
"The First Tee of Oakland"

Office Use Only

Today's Date: _____
Chapter Member _____
Participation: Return _____
Member Since ____/____/____
Fee: Paid Waived
8 Week Session Fee Paid
Scholarship awarded: _____

Youth Information

Name: _____ Gender: Female Male
(Please Print First & Last Name)

Address: _____ City: _____ Zip Code: _____
Ethnicity: African-American Asian-American Caucasian Hispanic Native- American Pacific Islander Other
 Don't wish to respond

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

Health/Medical Concerns: _____

(If you need more space, please attach additional sheets to the application)

Parent/Legal Guardian Information

Parent/Legal Guardian: _____ Relationship: _____
(Please Print First & Last Name)

E-mail Address: _____ Home Phone: _____ Cell: _____

Family Income: \$10,000-\$24,999 \$25,000-\$49,000 \$50,000-\$74,999 \$75,000- \$100,000 Above \$100,000
 \$ Do not wish to respond

Emergency Contact: _____ Phone: _____

Relationship (If not parent or guardian) _____ Phone: _____

AGREEMENT AND RELEASE FROM LIABILITY

I, the parent/legal guardian of the above named child ("**My Child**"), give approval for his/her participation in the youth golf and life skills development program conducted by More Choices, Inc. (referred to as "**The First Tee of Oakland**"). I understand that the program include engaging in the game of golf and golf-related activities, being transported to venues, or any other activities connected in My Child's participation. I AM AWARE THAT THESE ACTIVITIES COULD RESULT IN INJURIES TO MY CHILD (FOR EXAMPLE, FROM STRUCK BALLS, SWINGING GOLF CLUBS, AND ACCIDENTS THAT MIGHT OCCUR DURING TRANSPORT TO AND FROM VENUES, AND THE LIKE) . I APPROVE OF MY CHILD'S PARTICIPATION IN SUCH ACTIVITIES WITH KNOWLEDGE OF THE POSSIBLE DANGERS INVOLVED, AND AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, FOR MYSELF, MY CHILD, MY HEIRS, ASSIGNEES, AND LEGAL REPRESENTATIVES, WAIVE ANY AND ALL CLAIMS FOR DAMAGES ARISING FROM THE NEGLIGENCE OF THE FIRST TEE OF OAKLAND, INCLUDING ITS EMPLOYEES, DIRECTORS, OFFICERS, VOLUNTEERS, CONTRACTORS, OVERSIGHT ORGANIZATIONS AND SPONSORS, AND I RELEASE THEM FROM ALL ACTIONS, CLAIMS AND DEMANDS THAT I MAY HAVE NOW OR IN THE FUTURE FOR INJURY OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE PROGRAM. I VERIFY MY AGREEMENT BY PLACING MY INITIALS HERE: _____.

In the event of medical emergency, I hereby give permission to the medical personal selected by The First Tee of Oakland to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, I agree that all costs shall be my responsibility. My initials here: _____

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE FIRST TEE OF OAKLAND AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature: _____ Date: _____

Health Information: Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in The First Tee of _____'s program? ___ No ___ Yes

If yes, please explain.

Disability Information: Does your child have a disability that may have a bearing on your child's participation in The First Tee of _____'s program? ___ No ___ Yes

If yes, please explain.

Parent Advisory/Volunteer Commitment Statement:

It is the intent of the First Tee of Oakland to enlist the support of parents. This will give the families of participants a chance to give help carry out the goals and objectives of the program by assisting in such areas as:

- Communication between programs and families
- Fundraising Events and Volunteer Recruitment
- Newsletter column
- Establishment and enforcement of program policies and guidelines

I agree to participate, as a volunteer for planned activities while My Child is a participant.

Parent/Guardian Signature: _____ **Date:** _____

Media Release

I hereby give The First Tee of Oakland permission to use film, video tape and/or photographs of My Child without charge for promotional or other lawful information purposes.

Parent/Guardian Signature: _____ **Date:** _____

ANTI-DISCRIMINATION POLICY OF THE FIRST TEE OF OAKLAND

The First Tee of Oakland does not discriminate against any participant on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, disability or Acquired Immune Deficiency Syndrome or HIV status or association with members of such protected classes.