



**Participant Information & Waiver**

Name of Participant \_\_\_\_\_ Golf experience? \_\_\_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name of Parent(s) \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Child's Height (feet, inches) \_\_\_\_\_  
 Parent's Email Address \_\_\_\_\_

**Your child's SAFETY is our #1 priority and we want you to be confident the professional staff of TGA takes this seriously.**  
 Please provide us with the following information for the protection of your child. If you have any other questions or concerns, please call TGA of North San Antonio (210)-870-6184.

**Who will be picking up your child after program? Names**  
 of people approved to pick up child:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

List anyone specifically **NOT AUTHORIZED** to pick up your child.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Medical Emergency Statement**

I, the parent (or guardian) of the participant named above, give my permission for my child to receive emergency treatment, if necessary, as a result of their participation in the TGA program. It is understood that every effort will be made to contact me before taking this action.

In case of an emergency, please contact...

1. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
 2. \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any special needs, allergies, routines or considerations? Please describe.

\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**Consent and Release Form & Participant Agreement**

While my child is participating in TGA Premier Junior Golf program, I acknowledge and assume all the foregoing risks on his/her behalf and likewise accept personal responsibility for any injury or damages that may occur. I release, waive, discharge and covenant not to sue TGA Premier Junior Golf or TGA Premier Youth Tennis, administrators, agents, sponsors, other participants, advertisers, and owners/lessors of premises used to conduct the activities. I have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily.

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

\_\_\_\_\_  
**Date**

**Permission for photo release** I give my permission for my child to be photographed, videotaped, and/or interviewed for promotional purposes while attending TGA programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_