



Participant Information - please print or type - ALL INFORMATION IS REQUIRED

LPGA-USGA Girls Golf of (city, state) _____
Participant's Name _____
Participant's Birth Date ____ / ____ / ____ Participant Email Address _____
Address _____
City _____ State _____ Zip _____ Home Phone (____) _____
School _____ Grade _____ Gender - Male Female

Golfing Experience - Please check the level that best describes your ability:

- Level I:** New Golfer - Very little or no on-course experience.
- Level II:** Able to play hole 125 yards from green.
- Level III:** Average between 65-75 for nine holes on a regulation course.
- Level IV:** Average between 55-64 for nine holes on a regulation course.
- Level V:** Play 18 holes with a score of 110 or better on a regulation course.
- Level VI:** Play 18 holes with a score of 95 or better on a regulation course.

Do you own your own clubs? Yes No If so, what brand? _____
Member of High School Golf Team? Yes No Average 9 hole score _____ Average 18 hole score _____
Other Junior Golf Program Affiliations _____

For statistical purposes only (optional):

Which of the following best describes your race or ethnic group?

- Alaskan Native / American Indian
- Asian / Pacific Islander
- Black or African American
- Hispanic
- White
- Other

Consent & Release - Parent or Guardian MUST sign in space indicated below for application to be considered.

Parent/Guardian Statement

I, being parent/guardian of the participant named above, am familiar with the plans and purposes of LPGA-USGA Girls Golf and give full permission for my child/ward to attend LPGA-USGA Girls Golf events and to participate in all LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I, my personal representatives and administrators, heirs, and next of kin agree to waive and release any and all rights and claims for damages or liability of any kind against, and hold harmless LPGA-USGA Girls Golf, LPGA, The LPGA Foundation, the USGA, and each of their respective affiliates, officers, directors, employees, volunteers, workers, members and agents ("Releasees"), from and against any and all injuries, damages and any other claims which may result from or arise out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities.

- I will be responsible for my child's personal belongings and equipment and will not hold Releasees responsible for their loss.
- My child will treat the facilities and equipment provided by LPGA-USGA Girls Golf with care. I understand that I will be assessed for any damage to facilities or equipment caused by my child's acts or omissions.
- I understand that if my child is sent home early due to any serious misconduct, it will be at my expense, and LPGA-USGA Girls Golf will make the travel arrangements.

Dispute Resolution

In the event of a controversy or claim arising out of or relating to this Participant Form the undersigned hereby agrees to arbitration held in a mutually agreeable location in accordance with the Commercial Arbitration rules of the American Arbitration Association. A judgment rendered by the arbitrators shall be final and nonappealable, and may be entered in any court having jurisdiction thereof.

Medical Emergency Statement

I, being parent/guardian of the participant: (i) give my permission for my child/ward to receive emergency medical treatment, if necessary, as a result of participation in the LPGA-USGA Girls Golf program; and (ii) agree to indemnify, waive, release, covenant not to sue, and forever discharge Releasees from any and all liability or claims arising out of such treatment.

Photo & Press Release

I, being parent/guardian of the participant named above, am familiar with the plans and purposes of LPGA-USGA Girls Golf and give full permission for my child/ward to attend LPGA-USGA Girls Golf events and to participate in all LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I, my personal representatives and administrators, heirs, and next of kin agree to waive and release any and all rights and claims for damages or liability of any kind against, and hold harmless LPGA-USGA Girls Golf, LPGA, The LPGA Foundation, Inc., the USGA, and each of their respective affiliates, officers, directors, employees, volunteers, workers, members and agents ("Releasees"), from and against any and all injuries, damages or any other claims or liabilities (including, without limitation, personal injury, death, or loss or damage to personal, private or other property), whether or not due to the negligent acts or omissions of Releasees, resulting from or arising out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities. I further agree to indemnify and hold harmless Releasees from/against all liability they may incur due to the acts or omissions of my child/ward while present at LPGA-USGA Girls Golf programs and events. _____ (INITIALS OF PARENT/GUARDIAN)

Parent/Guardian Name _____ Relationship _____

Parent Email _____ Cell Phone (____) _____

PARENT/GUARDIAN SIGNATURE(REQUIRED): _____ Date: _____