



ACTIVITY APPLICATION



I. APPLICATION

LPGA-USGA Girls Golf of (city,state) _____

Participant's Name _____ Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

School _____ Grade _____ Email Address _____

Participant's Birthdate ____/____/____ Parent/Guardian _____

For statistical purposes only (optional – you are not required to answer): Which of the following best describes your race or ethnic group?

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

II. 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.

Do you own your own golf clubs? _____

Other junior golf affiliation _____

III. CONSENT & RELEASE FORM

PARENT/GUARDIAN STATEMENT:

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

MEDICAL EMERGENCY STATEMENT

I, the parent (or guardian) of the participant, give my permission for my daughter/ward to receive emergency medical treatment, if necessary, as a result of her participation in the LPGA-USGA Girls Golf program. It is understood that every effort will be made to contact me before taking this action.

Name	Address	City	State	Zip
()	()	()		
Relationship	Day Phone	Night Phone		

RELEASE OF PARTICIPANT:

Person(s) other than parent who may pick up participant at end of any LPGA-USGA Girls Golf event:

Name	Address	City	State	Zip
()	()	()		
Relationship	Day Phone	Night Phone		

PHOTO AND PRESS RELEASE:

I, being Parent/Guardian of _____, hereby consent that any photographs and/or motion pictures or videotape in which she appears, and any audio recordings made of her voice may be used by LPGA-USGA Girls Golf, its assigns or successors, in whatever way they desire, including television and electronic media; furthermore, I hereby consent that such photographs, films, and recordings, and the plates and/or tapes, from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have read, understand and agree to the entire consent form above and hereunto set my hand in the

State of _____ this _____ day of _____ 20 _____

PARENT/GUARDIAN SIGNATURE: _____

IV. PARTICIPANT AGREEMENT

I understand that a positive attitude and appropriate behavior are critical to the success of LPGA-USGA Girls Golf. Therefore, I agree to comply with the LPGA-USGA Girls Golf Code of Conduct and other rules.

PARTICIPANT'S SIGNATURE

PARTICIPANT'S PARENT/GUARDIAN SIGNATURE

Date

THIS AGREEMENT MUST BE SIGNED BY THE PARTICIPANT AND PARTICIPANT'S PARENT/GUARDIAN.

White original - LPGA Headquarters

Yellow copy - Site Director

Pink copy - Participant