



**Hogan Jr Golf Heroes – The First Tee of Omaha**  
**2010 Participant Registration and**  
**Parental Permission / Involvement Form**

Today's Date \_\_\_\_\_  
 Participation: \_\_\_\_\_ New \_\_\_\_\_ Return  
 Member Since \_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_\_

**GOLF BUDDY PROGRAM**

**Start Date:** Monday, June 7, 2010      **End Date:** Wednesday, July 28, 2010      **Program Length:** 7 weeks; No Class the week of July 4<sup>th</sup>  
**Time (Check One):** 8:00am – 9:30am  or 10:00am – 11:30am       **14 lessons; Classes on Mon. & Wed.**

**Cost:** \$75 per child, for ages 5 thru 17      More than one participant in the family? Ask about our scholarship program.  
 \*\*\*All equipment is provided, but you may bring your own clubs.\*\*\* Mail your completed form and payment to Hogan's Junior Golf Heroes, PO Box 11202, Omaha, NE 68111  
**OR** drop off form and payment at Steve Hogan Golf Course 6315 N 30<sup>th</sup> Street Omaha NE. 68111

**Youth Information**      Steve Hogan G.C. \_\_\_\_\_ Sioux City \_\_\_\_\_ Other \_\_\_\_\_

**Name:** \_\_\_\_\_ **Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Birth Date:** (\_\_\_\_/\_\_\_\_/\_\_\_\_) **School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Health Information/Allergies:** \_\_\_\_\_ **Disability Information:** \_\_\_\_\_

**\*\*Please list any special considerations relating to your child's disability on the back of this form.**

**Parent / Legal Guardian:** \_\_\_\_\_ **Relationship to Youth** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Participant Permission Form completed by:** \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

**Ethnicity:** \_\_\_ African-American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Pacific Islander \_\_\_ Other \_\_\_ Don't want to answer

**Emergency Contact Information**

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 (If parent / guardian cannot be reached)

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by HJGH - TFT Omaha representatives. I hereby give permission to the medical personnel selected by HJGH - TFT Omaha Chapter representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a health care provider, all costs shall be the responsibility of the parent or guardian.

**Parent / Guardian Initials:** \_\_\_\_\_

**Equipment**

I understand that any golf equipment received for use is the property of HJGH - TFT Omaha program, and may need to be returned at the discretion of HJGH - TFT Omaha facility upon termination of the participant's involvement in the program.

**Parent / Guardian Initials:** \_\_\_\_\_

**Media Release**

I hereby give HJGH - TFT Omaha Chapter, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for the lawful promotional or informational purposes.

**Parent / Guardian Initials** \_\_\_\_\_

**Parental Responsibility / Involvement**

I understand as parent/legal guardian of the above named youth that is my responsibility to transport or make arrangements for transporting him/her to and from HJGH - TFT Omaha program activities. I agree to have the above named youth (my child) at HJGH - TFT Omaha Facility prior to the beginning of all scheduled program activities and agree to pick up my child (or arrange for my child to be picked up) within 20 minutes following the scheduled program activities. Failure on my part to comply with this program requirement may necessitate the removal of my child from the program. In addition, I will notify HJGH - TFT Omaha Chapter representative whenever it is necessary for my child to be absent from program activities.

**Parent / Guardian Initials:** \_\_\_\_\_

I the parent/legal guardian of the above named youth give approval for participation in HJGH - TFT Omaha sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless HJGH - TFT Omaha Chapter and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with HJGH - TFT Omaha facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of HJGH - TFT Omaha Chapter or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to HJGH - TFT Omaha Chapter and Headquarters Office communicating information regarding my child's participation via the internet.

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

**Please Print Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_