

Muncie First Tee Program Participation Form

Name

Age

Name of Parent or Guardian

Phone

Email

Emergency Contact (Name and Number)

Allergies or Special Medical Conditions

The parent/guardian of the minor child listed on this application, for ourselves, our heirs, Executors, and administrators, hereby release, wave, acquit, and forever discharge Crestview Golf Club and MD's Golf Academy their representatives successors insurers the signs are any other person or entity associated with Crestview Golf Club in MD's Golf Academy such as staff owners or volunteers from all liability claims demands or causes of action for any and all loss damage injury or death and any claim of damage resulting from use of facilities owned or controlled by the above organization or participation in activities of said organizations either at or away from the facility.

I give permission to Crestview Golf Club and MD's Golf Academy to seek emergency medical treatment for my minor child if I cannot be reached I will be responsible for any and all costs of medical attention and treatment.

Parent/Guardian Signature:

Date: