INNER CITY YOUTH GOLFERS', INC. REGISTRATION FORM
PARENT/GUARDIAN
PLEASE PRINT LEGIBLY

Name _____ Date of Birth: _____ Male _____ Female _____

Address_____City/ State/ Zip_____

T Shirt Size (circle one): S M L XL (circle one): Please check one: Right-handed _____ Left-handed _____

Home Phone Number _____ Mobile Phone Number_____

Parent/Guardian Email Address _____

EMERGENCY NOTIFICATION & MEDICAL CARE AUTHORIZATION

Yes _____No_____ I Give / Do Not Give permission for me to be transported to the nearest hospital or medical facility for emergency medical treatment.)

Any Known Allergies (include food and medication):_____

Provide emergency contacts first, last name and telephone number: _____

_____

Work:

Company Name: _____Job Title:_____

Company Address, City, State, Zip Code: _____

School Information:

High School Name: _____ College Name: _____

Degree/Certificate Earned: _____Other Information: _____

LIABILITY WAIVER

The undersigned parent/guardian hereby waives, relinquishes and releases Inner City Youth Golfers', Inc., its employees, agents, affiliates, associated personnel and sponsors from any and all claims, rights and/or causes of action for personal injury, property damage, wrongful death or inappropriate use of technology arising from participation in the Inner City Youth Golfers', Inc. Golf Program/Clinics/Enrichment/Tutoring. This waiver and release are binding upon the parents, guardians, custodians, heirs, executors, administrators, and assigns. By signing below, the parent/guardian hereby agrees to save and hold harmless and indemnify each and all parties connected to Inner City Youth Golfers', Inc. as described above, from any liability, cost, claim, and damage whatsoever, which may be imposed on Inner City Youth Golfers', Inc., its employees, agents, affiliates, associated personnel and sponsors for any alleged defects, claims of negligence, mismanagement, lack of control and/or supervision. By signing this document, the undersigned hereby acknowledges that he/she has read the same, that he/she has given up substantial rights, that he/she agrees to be bound by said document, and that he/she has signed the release voluntarily and of his/her own free will. .

PHOTOGRAPHY/VIDEO RELEASE

I hereby grant Inner City Youth Golfers', Inc. the rights and permission to copyright and/or use and/or publish any photography or video taken of me on this form. I also understand that this image may be included in part or composite or reproduction thereof in color or black and white for art, advertising, trade, or other similar lawful purposes whatsoever. I hereby waive my right to inspect and/or approve the finished product or the editorial copy that may be used in connection herewith. I hereby release and discharge the above, its successors and all persons acting under its permission or authority or those for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced in the taking of said picture or any processing tending toward completion of the finished picture.

My signature confirms that I have read and agree to all the above releases.

_____

Parent/Guardian Date

Return completed forms to: Inner City Youth Golfers', Inc.,
P.O. Box 10572, Riviera Beach, FL 33404 or scan and email to icyginc@gmail.com