



Inner City Youth Golfers' Incorporated

YOUTH REGISTRATION FORM CONFIDENTIAL

Please Print or Type All Information

Date: _____

Personal Information:

Name: _____ Birth Place: _____

Date of Birth _____ Male _____ Female _____ Age _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Cell phone _____

Email: _____ Email: _____

Other Contact Information: _____

Emergency name (2) _____ Phone _____

Do you have/had any serious illnesses, operations, allergies or injuries? _____

Medications: _____

School Information:

Elementary, Middle or High School Name: _____

School Phone # _____

Other Information: _____

Golf Information:

No. of Years Playing Golf: _____ Name of Golf Club or Team _____

City, State, Zip Code: _____

No. of Tournaments Played _____ Best 9 hole score _____ Best 18 hole score _____ Do you own golf clubs _____

Sizes: Golf Shirt _____ Glove _____ Pants _____ Hat/Visor _____ Shoes _____

Golfing Experience

Please check the level that best describes your ability:

___ **Level I:** New Golfer-Very little or no on-course experience.

___ **Level IV:** Average between 55-64 for nine holes on a regulation course.

___ **Level II:** Able to play hole 125 yards from green.

___ **Level V:** Play 18 holes with a score of 110 or better on a regulation course.

___ **Level III:** Average between 65-75 for nine holes on a regulation course.

___ **Level VI:** Play 18 holes with a score of 95 or better on a regulation course.

For statistical purpose 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

What do you want to achieve in golf? _____

Additional information: _____

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e-mail: icyginc@aol.com ♦ www.icyg.org
(A 501 (c) (3) tax exempt organization)



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Emergency medical release:

I give permission for Inner City Youth Golfers', Inc. or its designees to obtain medical treatment for my child at my expense in the event of injury or sudden illness. If my child needs to be transported to an emergency facility, ICYG and the emergency team, which responds to the call, will make that decision. The emergency medical team and the treatment facility have my authorization to provide treatment that a physician deems necessary for the well being of my child. I also give permission for ICYG, Inc. or its designees to administer emergency medical attention to my child until I can be contacted.

Signature of parent or guardian: _____ **Date:** _____

Waiver: I, for my heirs, executors, successors and administrators, release and forever discharge Inner City Youth Golfers', Inc. (ICYG) and all of ICYG's volunteer's/sponsor's/other related supporters such as the African American Golfers Hall of Fame, Inc. and the volunteer's/sponsor's employees, officers, directors, agents, representatives, successors and assigns of all liabilities, claims actions, damages, costs or expenses, including attorney's fees, known or unknown, which I may have against them arising out of or in any way related to my participation in or presence in this program, including travel to or from golf course. I understand that this release includes any and all claims, including but not limited to those based on negligence. Action or inaction of any of the above describes parties. I understand that reasonable precautions will be taken for my child's safety. I release Inner City Youth Golfers', Inc. and all of its volunteers/sponsors from all responsibility for accidents and personal injury.

Signature of parent or guardian: _____ **Date:** _____

Photo & Press Release

I, being Parent/Guardian of the participant named above, hereby consent that any photographs and /or motion pictures or videotape in which my child appears and any audio recordings made of their voice may be used by ICYG, 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 rights 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

Parent/Guardian Signature: _____ **Date:** _____

If child is not yet eighteen (18) years old, the child's parent or guardian must complete and sign the following: I, _____, hereby warrant that I am the _____ of _____, a minor and have full authority to authorize the above Release which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the rights granted by the above Photo Release.

Date _____ **Signature** _____