

## HEALTH INFORMATION

Emergency Contact : \_\_\_\_\_ Relationship : \_\_\_\_\_  
( If Parent/ Guardian cannot be reached)

Work Place : \_\_\_\_\_ Phone : \_\_\_\_\_

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 Joe Caruso Golf Academy representatives. I hereby give permission to the medical personnel selected by Joe Caruso Golf Academy representative to secure any and all medical, hospitalization, dental and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all cost shall be the responsibility of the parent or guardian.

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

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## EQUIPMENT

I understand that any golf equipment received for use is the property of Joe Caruso Golf Academy and may be returned at the discretion of Joe Caruso Golf Academy facility upon the termination of the participant's involvement in the program.

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

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## MEDIA RELEASE

I Hereby give Joe Caruso Golf Academy permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

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

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I, \_\_\_\_\_ of the above named youth, give approval for participation in Joe Caruso Golf Academy sponsored activities. I assume all risk of injury whatsoever and agree to hold harmless and Joe Caruso Golf Academy from claim(s) of any nature arising from any activity, including transportation, connected with Joe Caruso Golf Academy. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Joe Caruso Golf Academy its employees, agents and US Kids Golf Professionals, participating agencies, and volunteers. I consent to Joe Caruso Golf Academy communicating information regarding my child's participation via the internet.

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

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

For Facility Use: Amount Paid : \_\_\_\_\_  Check  Cash  Credit Card