

MUNCIE'S FIRST TEE PROGRAM 2025

PARTICIPATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACTS (NAME & NUMBER): \_\_\_\_\_

ALLERGIES OR SPECIAL MEDICAL  
CONDITIONS: \_\_\_\_\_

***I, THE PARENT/GUARDIAN OF THE MINOR CHILD LISTED ON THIS APPLICATION, FOR OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY RELEASE, WAIVE, ACQUIT AND FOREVER DISCHARGE CRESTVIEW GOLF CLUB AND MD'S GOLF ACADEMY, THEIR REPRESENTATIVES, SUCCESSORS, INSURERS, ASSIGNS OR ANY OTHER PERSON OR ENTITY ACCOCIATED WITH CRESTVIEW GOLF CLUB AND 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 DAMAGES 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: \_\_\_\_\_