

PARENTAL AUTHORIZATION/PERMISSION FORM



I, parent or guardian, of _____, give my approval of the participation in Royster Memorial Junior Golf Programs, including any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation (if necessary). I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league organization, supervisors, participants, and/or persons responsible for my child during activities. For any claim arising out of any injury to my child except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital, or medical clinic if my child becomes ill or injured while participating in league activities away from home or any other time when neither parent/guardian is available to grant authorization for emergency treatment.

NAME OF PARTICIPANT: _____ AGE: _____

CLASS IN WHICH YOUR CHILD WILL PARTICIPATE IN: _____

NAME OF PARENT OR GUARDIAN: _____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NUMBER (BEST WAY TO GET IN TOUCH WITH YOU): _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

**I HAVE READ AND UNDERSTAND THE SHELBY PARKS & RECREATION DEPT.
PARENT/GARDIAN INFORMATION SUMMARY SHEET.**

SIGNATURE: _____

DATE: _____

Media Release: I/We hereby give RMGC and participating agencies permission to use any film, videotape, and photographs of the above minor for lawful promotion or informational purposes.

INITIALS: _____