

Notah Begay III Foundation: NB3FIT Jr. Golf Registration

Participant Name: _____ Gender: Female Male

Ethnicity: Native American Tribal Affiliation: _____

Hispanic Asian African American Caucasian/Anglo Other _____

Site #1 Santa Ana GC Site #2 Ladera GC

T-shirt size: Youth-small medium large Adult-small medium large XL XXL

Have you played golf before? YES NO If yes, number of years playing golf? _____

Birth Date: (___/___/___) Age: _____ Grade Level: _____ School: _____

Parent(s)/Legal Guardian(s): _____ Relationship: _____

Cell _____ - _____ - _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

If an emergency occurs and I cannot be reached, I give permission to the NB3 Foundation representatives to determinate the need for any medical assistance and/or administration of medical attention. I also give permission to the medical personnel, selected by NB3 Foundation representatives, to secure any and all medical, hospitalization, dental and/or surgical treatment. Further, as parent and/or guardian, I agree to cover all medical costs accrued in the event of a medical emergency.

Parent/Legal Guardian Initials: _____

Equipment

I understand that any golf equipment received for use is the property of NB3 Foundation, and will be returned to NB3FIT Jr. Golf Staff upon the termination of the participant's involvement in the program.

Parent/Legal Guardian Initials: _____

Media Release

As parent and/or guardian, I fully understand that photos and/or video may be taken of the participant(s) for NB3 Foundation promotional purposes, including but not limited to: press releases, website content, print materials and social media posts. I give the NB3 Foundation permission to use film, videotape and/or photographs of the above named youth for lawful promotional or informational purposes.

Parent/Legal Guardian Initials: _____

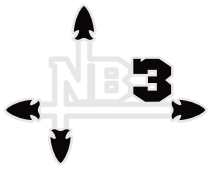
Inventory

As parent and/or guardian, I approve that the above named youth may participate in any NB3 Foundation surveys on nutrition, physical activity, leadership and core values. Names are not captured on the surveys to protect the participant's privacy. Survey results help to strengthen the NB3FIT programming.

Parent/Legal Guardian Initials: _____

As the parent and/or guardian, I approve that the above named youth may participate in the NB3FIT Jr. Golf. I assume all risks of injury whatsoever and agree to hold harmless NB3 Foundation from claim(s) of any nature arising from any activity connected with NB3 Foundation, facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of NB3 Foundation, its employees, coaches, agents, LPGA and PGA Professionals, participating agencies and volunteers. I consent to NB3 Foundation communicating information regarding my child's participation via the Internet and basic text messaging.

Parent/Legal Guardian Initials: _____



NB3 Foundation Code of Conduct Agreement

It is the policy of the NB3 Foundation that its participants shall conduct themselves in a sportsmanlike and positive manner while attending NB3FIT Jr. Golf. The participants not only represent themselves but their families, community and NB3 Foundation. This participant will agree to abide by and follow the rules and guidelines below:

Dress Code:

- NB3FIT Jr. Golf participants must wear a collared shirt at all times while at the golf course.
- T-shirts, tank tops, short shorts and blue jeans are not acceptable anytime (under certain circumstances T-shirts may be worn but must be given the OK by NB3FIT Jr. Golf Staff).
- Bermuda length shorts or slacks must be worn at all times
- Ear piercings are allowed but piercings in the lip, eyebrow, etc. are unacceptable on the golf course

Golfers not conforming to the dress code will be asked to change or leave. NO QUESTIONS!

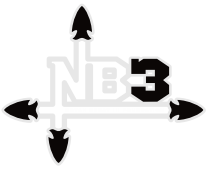
On the Course:

Any conduct unbecoming of a NB3FIT Jr. Golf participant shall be a subject to one warning by NB3FIT Jr. Golf Staff. Such conduct shall include:

- Cheating
- Showing disrespect to NB3 Foundation Staff, volunteers, golf course pros and employees
- Abusive language
- Club throwing
- Profanity
- Littering or leaving trash on the course
- Failing to rake bunkers
- Replace divots
- Repair ball marks on greens
- Cell phones, headphones, cameras and the like may not be used during play. You may use a cell phone to call for medical help at any time.
- Any other inappropriate behavior deemed by the NB3FIT Jr. Golf Staff

I understand that by signing this document, I am agreeing to abide by the rules and guidelines of the code of conduct agreement. My failure to comply with this agreement will result in disciplinary action, up to and including expulsion from the NB3FIT Jr. Golf or other NB3 Foundation activities.

Youth Participant Signature _____ *Date:*(____/____/____)



NB3 Foundation General Medical History

Emergency Contact #1: _____ Relationship: _____

(cell) _____ - _____ - _____

Emergency Contact #2: _____ Relationship: _____

(cell) _____ - _____ - _____

Does the participant have allergies? **YES/NO**
If yes, please list all allergies/reactions (food, medicine, bee stings, etc.):

If the participant has allergies, does he/she have an auto-injection or Epi-Pen? **YES/NO**
If the participant does have an auto-injection or Epi-Pen, where does he/she keep it?

Does the participant have asthma, wheezing or shortness of breath? **YES/NO**
If yes, where does he/she keep her inhaler?

Is the participant currently taking any medications? **YES/NO**
If yes, please list each medication and dosage:

Please list any other illnesses, health conditions or restrictions that could disallow the participant from safely participating in the program:

With my signature, I hereby acknowledge or agree:

- That all information on this Medical General History form is true and accurate to the best of my knowledge
- To provide the NB3 Foundation with any new or relevant medical information that may affect the Participant's ability to safely participate in NB3FIT Jr. Golf.
- Understand that the NB3 Foundation reserves the right to refuse participation if this Participant Medical General History form is not complete or accurately filled out.

Printed Name of Parent/Guardian: _____

Signature Parent/Guardian: _____ *Date:* (____/____/____)