



2021 PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI
STREET ADDRESS		APT #
CITY	STATE	ZIP
DATE OF BIRTH	SCHOOL	GRADE

PARENTS or GUARDIANS

LAST NAME	FIRST NAME	MI
STREET ADDRESS		APT #
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	E-MAIL

OTHER EMERGENCY CONTACT

FULL NAME	RELATIONSHIP
ADDRESS	PRIMARY PHONE

MEDICAL INFORMATION

DOCTOR'S NAME	PHONE
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List any Medical Problems (for example, asthma) Allergies?



2021 Authorization

Please initial by each of the following:

_____ I, the undersigned, do hereby grant TEE-LO Golf permission to transport my child(ren) to any and all events in which the organization is a participant.

_____ I, the undersigned, do hereby grant TEE-LO Golf permission to transport my child(ren) to the nearest medical facility in the event of an emergency.

_____ I, the undersigned, do hereby grant TEE-LO Golf permission to administer basic standard discipline to my child(ren) during the time that my child (ren) is/are under the supervision of the organization.

_____ I, the undersigned, do hereby grant TEE-LO Golf permission to allow my child(ren) to be photographed by a designate photographer or reputable sources.

_____ I, the undersigned, do hereby consent to have my child(ren) appear in all televised events in which TEE-LO Golf as an organization is a participant, and waive all legal rights to any concession that may be received.

CHILD'S FULL NAME

AGE OF CHILD

PARENT OR GUARDIAN SIGNATURE

DATE

RELATIONSHIP TO CHILD(REN)



Release from Liability Form

I, _____, the Parent/Guardian of child _____ do hereby release Robert Biggers & TEE-LO Golf, Inc. from liability in the event of injury should it occur during the course of Lecture, Practice, or Golf Outings of any kind. I understand that safety measures will be taken to avoid such occurrences, as accidents, bodily or mental harm sometimes does occur.

Further, I give the right to TEE-LO Golf, Inc. to take photos, videos, and other diagnostic aides that may be used in the teaching of my child. These photos, videos, and other diagnostic aides are to be considered the property of TEE-LO Golf, Inc. and may be used for the good of the child and/or the organization at the discretion of Robert Biggers.

This serves as a release of liability, release of photos, visuals or auditory processes involved in the teaching of the youth, past, present, or future. This release is in effect for as long as my child is considered a member of TEE-LO Golf, Inc.

PARENT OR GUARDIAN SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2021.

By _____
NAME OF NOTARY PUBLIC

Identification Produced and ID Number (if applicable) _____

My Commission Expire _____

(SEAL)

TEE-LO GOLF SUPPORTS FLORIDA GOLF LICENSE TAG

The Tee-Lo Golf organization supports the marketing/sales of the Florida Golf License Plate. Tee-Lo Golf hopes that all participants support this effort. Please complete the attached form to pledge your support for the Florida Golf License Plate. By completing this form, you are helping Tee-Lo Golf fulfill the commitment to keep the program at no cost to the participants. Thank you for your support.

Tee-Lo Junior Golfer: _____

Parent/Guardian: _____

Vehicle Make/Model: _____

Email Address: _____

Birth Month: _____

Current Tag#: _____

New FL Golf Tag#: _____

