

# 2011 LPGA USGA GIRLS GOLF OF DALLAS, DALLAS EAST, LEWISVILLE & STARS



## DIRECTIONS FOR FILLING OUT PAPERWORK FOR 2011 MEMBERSHIP

PLEASE FILL OUT **LEGIBLY** & Mail to Address furnished at bottom of page

- ❖ 2011 Participant Form (1 copy per girl)
- ❖ Appropriate membership fee (see below)

Complete activity application:

- ❖ The Participant Form is in Adobe pdf format and can be filled in on the computer. Parents can type in the information requested, print the form, circle the appropriate site, sign & initial and return. ***We must have original signatures and initials where indicated.***
- ❖ Incomplete forms will be returned and girl's membership/national registration will be delayed. An administrative fee of \$5.00 will be charged if application is not completed.

Membership Fees for 2011:

- ❖ Dallas - \$100.00
- ❖ Dallas East - \$100.00
- ❖ Lewisville - \$100.00
- ❖ Dallas Stars - \$150.00

No fee (scholarship) memberships are available to qualified participants. LPGA USGA Girls Golf sites are committed to allowing all girls to participate in this program regardless of financial, physical or other reasons that might seem to be a barrier to their participation.

Contact Mary Lou Crocker regarding scholarships @ 972-245-8895 or [ggcd2002@msn.com](mailto:ggcd2002@msn.com)

Send the signed & initialed Participant Form and a check payable to **Girls Golf Club of Dallas, TX** to:

Mary Lou Crocker /Site Director  
LPGA USGA Girls Golf  
1403 Sutton Drive  
Carrollton, Texas 75006

**Put Members Name, Site & the word Membership on check**



# Participant Form

LPGA-USGA Girls Golf - Simple, Successful and Fun!



## Participant Information - please print or type - all information is required

LPGA-USGA Girls Golf of (city, state) Dallas Dallas East Lewisville Stars (please circle one)

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Participant's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Parent Email \_\_\_\_\_

## Consent & Release - Parent or Guardian MUST sign in space indicated below for application to be considered.

### Parent/Guardian Statement

I, the parent (or guardian) of the participant named above, am familiar with the plans and purposes of LPGA-USGA Girls Golf and give full permission for my child/ward to attend LPGA-USGA Girls Golf events and to participate in all phases of LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I agree to waive and release any rights and claims for damages against, and hold harmless LPGA-USGA Girls Golf, LPGA, The LPGA Foundation, the USGA, and each of their respective officers, directors, employees, volunteers, workers, members and agents, from and against any and all injuries or damages which may result from or arise out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities.

### Dispute Resolution

In the event of a controversy or claim arising out of or relating to this Participant Form the undersigned hereby agrees to arbitration held in a mutually agreeable location in accordance with the Commercial Arbitration rules of the American Arbitration Association. A judgment rendered by the arbitrators shall be final and nonappealable, and may be entered in any court having jurisdiction thereof.

### Medical Emergency Statement

I, the parent (or guardian) of the participant, give my permission for my child/ward to receive emergency medical treatment, if necessary, as a result of participation in the LPGA-USGA Girls Golf program. It is understood that every effort will be made to contact me before taking this action.

### Release of Participant

Person(s) other than parent who may pick up the participant at the end of any LPGA-USGA Girls Golf event:

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

In Witness Whereof I have read, understand and agree to this entire consent form.

### \* PARENT/GUARDIAN SIGNATURE REQUIRED

\_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

## Golfing Experience

Please check the level that best describes your ability:

**Level I:** New Golfer - Very little or no on-course experience.

**Level IV:** Average between 55-64 for nine holes on a regulation course.

**Level II:** Able to play hole 125 yards from green.

**Level V:** Play 18 holes with a score of 110 or better on a regulation course.

**Level III:** Average between 65-75 for nine holes on a regulation course.

**Level VI:** Play 18 holes with a score of 95 or better on a regulation course.

Do you own your own clubs? \_\_\_\_\_ Other junior golf affiliation \_\_\_\_\_

## Photo & Press Release

I, being Parent/Guardian of \_\_\_\_\_, hereby consent that any photographs and/or motion pictures or videotape in which my child/ward appears, and any audio recordings made of her voice may be used by LPGA-USGA Girls Golf, its assigns or successors, in whatever way they desire, including television and electronic media; furthermore, I hereby consent that such photographs, films, and recordings, and the plates and/or tapes, from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they desire free and clear of any claim whatsoever on my part. \_\_\_\_\_ (INITIALS OF PARENT/GUARDIAN)

For statistical purposes only (optional - you are not required to answer): Which of the following best describes your race or ethnic group?

Alaskan Native / American Indian  Asian / Pacific Islander  Black or African American  Hispanic  White  Other

# FACT SHEET 2011

Please print clearly and answer all questions

MEMBER NAME: \_\_\_\_\_  
PRINT

Circle Site where you will participate Dallas – Dallas East – Lewisville -- Stars

Family Email Address \_\_\_\_\_  
PRINT CLEARLY PLEASE

Parent / Guardian Emergency Phone #'s \_\_\_\_\_ / \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Grade/Year as March 2011 \_\_\_\_\_  
Mm/dd/yyyy

Are you a member of a single parent household? \_\_\_\_\_

Are you a patient at Texas Scottish Rite Hospital? \_\_\_\_\_

Are you an active member of The Girl Scouts? \_\_\_\_\_

Is your mother/guardian a member of Ebony Ladies Golf League \_\_\_\_\_

Will you be applying for a partial or full scholarship based on financial need \_\_\_\_\_

School Name: \_\_\_\_\_

How many years have you been a member of Girls Golf? \_\_\_\_\_

Are you using golf clubs furnished by Girls Golf? \_\_\_\_\_ year obtained \_\_\_\_\_

Why do you want to be a member of LPGA USGA Girls Golf?

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Please describe your experience with golf or other individual sports

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List other Golf Programs you are participating in at the present time

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Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Fact Sheet Must Accompany Membership Application