| Student ID: | |
|-------------|--|
|-------------|--|



Active Participant

JUNIOR COACH VOLUNTEER APPLICATION AND RELEASE

| Full Name: | | | |
|---|----------------------------|---------------------|----------------|
| First | Middle | Last | |
| Address: | | | |
| City | State | Zip | |
| Home Phone: | Cell Pho | one: | |
| E-mail: | | | |
| School (If necessary): | Gr | rade: | |
| Date of Birth | Age (as of to | oday) | Gender: M F |
| Social Security # | Dri | iver's License # | |
| (If 1 | Necessary) | | (If Necessary) |
| How long have you been a memb | oer of The First Tee of Mo | onterey County? _ | |
| Golf Skill Level (circle one): | Par Birdie | e Eagle | Ace |
| Which Golf Skill level of childre | n will you be most comfo | ortable working wit | h? |
| Where would you most like to he | | | |
| What Age of Children would you | ı be most comfortable wo | orking with? | |
| 4 - 6 Years 7 - 9 Years | 10 – 12 Years | 12 – 17 Years _ | No Preference |
| Have you volunteered with a Gro | oup or Youth Agency before | ore? Yes | No |
| If so, what did you do? | | | |
| References: | | | |
| 1) Name: | 2) Name: | | |
| Phone: | | | |
| Relationship:(i.e. supervisor, teacher, etc.) | Relation | nship: | |

Pursuant to my participation as a junior coach, I recognize that there are risks and possible injuries that one may sustain through such participation, including, but not limited to the following:

- (i) Being struck by a golf club or golf ball;
- (ii) Being struck by a golf cart or other vehicle;
- (iii) Falling due to terrain;
- (iv) Injuries arising from sports, physical exertion, or activities;
- (v) Injuries arising from lightning, heat, cold, rain or other weather related factors; and
- (vi) Any other injuries or damages I may sustain as a volunteer.

In return for being permitted to participate as a junior coach, I assume all risks associated with my participation and agree that I, my assignees, heirs, distributes, guardians, legal representatives, and all those claiming through me, release, waive, hold harmless, and agree not to make a claim against or sue The First Tee of Monterey County or any of its employees, agents, or volunteers, on account of injury or damages resulting from my participating as a junior coach.

My signature below indicates my acknowledgment that The First Tee of Monterey County may undertake a check of my background including, but not limited to, reference checks, school reports and interviews with parents or guardians and teachers. It also confirms my understanding that my junior coach position is not guaranteed, nor if granted, guaranteed for any length of time, and that The First Tee of Monterey County may deny or end my junior coach opportunity at any time, for any reason, with or without prior notice. I agree to comply with the TFTMC Code of Conduct and that I will model the Nine Core Values at the golf course, at home, and at school.

I have fully and carefully read this release, fully understand its contents, and sign it of my own free will. Junior Coach Signature: _____ Date: Parent or legal guardian must sign below. I, ________, am the parent or legal guardian of Applicant and I authorize and consent to Applicant participating as a junior coach, agreeing to the terms, rules and regulations of participating as a junior coach, and releasing The First Tee of Monterey as set forth above. I agree that the above child's participation in The First Tee of Monterey County and the activities at Twin Creeks Golf Campus, is without assumption of liability of any nature by The First Tee of Monterey County and Twin Creeks Golf Campus its officers, directors, employees and staff or other volunteer instructors, any golf course or driving range or any other facility where the program activities are conducted, including transportation. I do hereby release and discharge the above mentioned individuals and entities from any and all claims my child may suffer or sustain, directly or indirectly, in connection with any such participation and activities. Parent/Guardian Signature: ______ Date: _____ Preferred Emergency Contact Name ______ Phone: _____