



FAIRWAY FOUNDATION
2011
Registration & Permission Slip
Please print

Name: _____ Male___ Female___

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Age: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Years in Fairway Foundation Program: _____ Current Level: ___ Tiger ___ Jr. ___ Cub

Ethnicity: ___ African American ___ Caucasian ___ Asian/Pacific Islander
___ American Indian/Alaska Native ___ Latino/Hispanic ___ Other

Household Income* (yearly): ___ Less than \$15,000 ___ \$15,001-\$35,000 ___ \$35,001-\$50,000
___ 50,001-\$75,000 ___ more than \$75,000

**Income information is for USGA grant requirements*

Please specify any medical or special needs of which the Fairway Foundation should be aware:

I give permission for the above registrant to participate in the Fairway Foundation's 2011 clinics and other programs, I assume all risks and hazards incidental to the conduct of this activity, including any transportation that I do not provide or arrange for. I agree that his/her ability to participate is conditioned on our agreements to assume all risks and hazards associated with such participation, and this agreement to release the Fairway Foundation, its directors, officers, employees and other representatives from any known or unknown claims, causes of actions, damages, or other liabilities of any kind relating to or arising out of such participation. (Please cross out the following paragraph before signing if you do not wish to grant rights to use of your child's name or recorded images). Additionally, I acknowledge that the Fairway Foundation may photograph or record Fairway Foundation clinics or other programs for fundraising, promotional or other purposes, or may authorize others to do so. I hereby consent to such use of my child's name, voice, photographs or other recorded images on an unrestricted basis and without compensation.

Signature: _____ Status: Parent _____ Legal Guardian _____

Phone: _____ Home Work _____ Cell _____

Emergency Contact: _____ Phone: _____

Relationship to child: _____

Participation Fee: \$125 per child (Additional \$50 per child for families with more than one child.)

NOTE: Please Contact Adero Riser-Cobb, Operations Consultant/Treasurer.... regarding payment at 612-716-6566 if arrangements need to be made. Thank You.

**Please Return to:
The Fairway Foundation
PO Box 80658
Minneapolis, MN 55408-8658
Phone: 612-870-1213**

Office Use Only

Program Fee:

___ Credit Card (last 4 digits) ___ Cash ___ Check (enter# ___)