

**WAIVERS AND SIGN-OFFS:** please bring this form with you for the first day session.

**COVID-19 FIRST TEE and SITTLER GOLF WAIVER**

Recognizing the possibility of physical injury and/or COVID 19 or other illnesses associated with participation in FIRST TEE LEHIGH VALLEY & BERKS (FTLV&B) and SITTLER GOLF programs, and, in consideration for FTLV&B providing the golf program and facilities, I hereby release, discharge and/or otherwise indemnify FTLV&B and SITTLER GOLF and their affiliated organizations/sponsors, their employees, volunteers, directors, officers, associated personnel, against any claim by or on behalf of the golfer/player's participation in the program. By signing this form, I the parent/guardian of the golfer/player, a minor, also certify that the golfer/player has current Medical Insurance Coverage.

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician...) I request that in my absence, the above named golfer/player be admitted to any hospital or medical facility for diagnosis and treatment. I also authorize for medical personnel to perform any necessary diagnostic procedures, operative procedures and X-ray treatments of the below named minor as those doctors deem necessary and appropriate.

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Golfer / Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Parent / Guardian Contact Information: Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Medical or special needs conditions for instructors including allergies (please describe below):

I have reviewed the **Personal Conduct Policy** and **Health and Safety Guidelines** listed above.

\_\_\_\_\_ Golfer / Player's Initials

\_\_\_\_\_ Parent / Guardian's Initials

I / We agree to the conditions of the FIRST TEE LEHIGH VALLEY & BERKS and SITTLER GOLF waiver described above and hereby certify that the information supplied above is true and correct to the best of my knowledge.

Parent / Guardian Name (please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please bring a completed Health Certification Form with you for each Day of 2020 Summer Golf Program**

**Health Certification**

**Name of Participant**\_\_\_\_\_ **Date of Play/Program:** \_\_\_\_\_

**I certify that myself nor anyone in my household are experiencing any of the following:**

- Cough
- Fatigue
- Headache
- Sore throat
- Fever or chills
- Muscle or body aches
- Nausea or vomiting
- Diarrhea
- Shortness of breath or difficulty breathing
- Congestion or runny nose
- New loss of taste or smell

**Player Initials:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Please do not come to the course if you or anyone in your household are experiencing any of the above symptoms. Thank you for your cooperation.**

**Student Cell phone Number**\_\_\_\_\_

**Emergency Phone contact/Name for today**\_\_\_\_\_

**Other Notes for today**\_\_\_\_\_