



## Pueblo of Laguna Sports & Wellness / Diabetes Program Jr. Golf Program 2024

### Parent Permission Form

Participant: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

E – Mail Address: \_\_\_\_\_

### Informed Consent / Travel Form

I am aware that it this program involves physical activities and I Pueblo of Laguna Sports & Wellness Department activity is a potentially hazardous activity. I assume all risks associated with participation in this activity, including, but not limited to falls, cuts, bruises, burns, and contact with other participants, the effect of weather and other reasonable risk conditions associated with the activities. I also authorize the Laguna Sports & Wellness Department personnel certified in CPR/Standard First Aid to provide emergency treatment for an injury to or illness upon consent, until trained medical personnel arrive.

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I promise not to use drugs, alcohol, or tobacco products during the duration of the trip. I promise to show respect and tolerance to my peers, chaperones, and anyone I meet during this trip. I promise I will cause no destruction to the property, and transportation. I will recognize that I am representing my family, the Pueblo of Laguna and the Sports & Wellness Department and its entities.

I understand this informed consent form and agree to its conditions for myself and/or on behalf of my child.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_