

**TIBURÓN GOLF CLUB AT
THE RITZ-CARLTON GOLF RESORT, NAPLES
MEDICAL PERMISSION STATEMENT**

The health and wellbeing of the children enrolled in the Golf Academy (the “**Program**”) is very important to us. Therefore, as the parent/legal guardian, it is your responsibility to provide us with as much information about your child’s health as possible.

Child’s Full Name: _____

Child’s Date of Birth: ____ / ____ / ____ **Sex:** Male ____ Female ____

Medical Conditions:

Allergies:

Current Medications:

Physical Activity Restrictions:

1. The information provided above is correct and complete. My child has permission to engage in all Program activities except as noted above.

2. I hereby give permission to the Program to provide first-aid and administer physician prescribed medications pursuant to directions provided.

3. In the event of a medical emergency involving my child, I hereby give permission to the Program to seek emergency medical treatment by calling 911. I acknowledge that the medical bills incurred for any emergency medical treatment, including, but not limited to, ambulance transportation, hospitalization, physician care and treatment, diagnostic testing, and/or medications, are my sole responsibility.

4. I consent to have my child use any sunscreen he/she may bring to avoid overexposure to the sun. I further provide my consent to staff of the Program, pursuant to my child’s request, to assist my child with the application of sunscreen.

5. I consent to have my child use any bug spray he/she may bring. I further provide my consent to staff of the Program, pursuant to my child's request, to assist my child with the application of the bug spray.

6. I consent to the release of any records necessary for emergency medical treatment or insurance purposes.

7. I hereby acknowledge that it is recommended that one should obtain a physician's approval prior to allowing a child to participate in any activities such as those that will be available to my child as part of his/her enrollment in the Program. I represent that I have either obtained a physician's approval for my child to participate in the Program's physical activities or have decided to allow my child to participate in the Program's physical activities without obtaining prior approval of a physician, but in either case I hereby assume all responsibility for my child's participation in the Program's physical activities.

Date: _____

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Phone Number