  
**Enrollment Application**

**Student Information**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Female Male  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Information**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship With Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship With Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address (If different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student under state care? Yes No Case worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment**  
I understand that any golf equipment received for use is the property of Summit Golf Foundation and may be returned at the discretion of Summit Golf Foundation upon the termination of the student’s involvement in the program. **Parent/Guardian Initials (if student is under 18):** \_\_\_\_\_\_\_\_

**Media Release**  
I hereby grant Summit Golf Foundation and participating agencies permission to use film, video tape, and/or photographs of the above mentioned student for lawful promotional or informational purposes.

**Parent/Guardian Initials (if student is under 18):** \_\_\_\_\_\_\_\_

I, the parent/legal guardian of the above named youth, give approval for participation in Summit Golf Foundation sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless Summit Golf Foundation from claim(s) of any nature arising from any activity, including transportation, connected with Summit Golf Foundation. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Summit Golf Foundation, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to Summit Golf Foundation communicating information regarding my child’s participation via the internet.

**Please Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (if student is under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Statement of Commitment**  
As a student at Summit Golf Foundation (SGF) and/or as a participant in SGF activities, events, etc., I will uphold the characteristics of SGF by doing the right thing when no one is looking. I will work to keep a 2.5 GPA or higher in school. I will not knowingly engage in illegal behavior or behavior unbecoming of Summit Golf Foundation. Most importantly I will have FUN!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**As a parent/guardian of Summit Golf Foundation, I/we will support the goals of Summit Golf Foundation and assist our youth in fulfilling their commitment to the program and its expectations. I/we will assist our youth and other youth in achieving their success as best I/we can. This may include volunteering, assistance with rides to and from golf courses, etc.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Membership Fee**  
Single Student: $500   
Total Payment: $ \_\_\_\_\_\_\_\_\_ Type of Payment: Cash Check Credit Card (online) Scholarship  
\*If you are applying for a scholarship, please complete the Scholarship Request Form in addition to the Enrollment Application

**Student Academic Report**All students must submit copies of their grade reports for each reporting period upon registration.   
Grade reports can be submitted via email or mail.

**Address:** 731 N Hayden Meadows Dr. Portland, OR 97217-7569

**Email:** glenn@summitgolf.org

How did you find out about Summit Golf Foundation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please allow up to 7 business days for your application to be processed.**

**Summit Golf Foundation  
Emergency Medical Care Authorization and Health Information**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_  
 First M.I. Last

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Summit Golf Foundation representatives. I hereby give permission to the medical personnel selected by Summit Golf Foundation representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian. **Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
 Signature Relationship Date  
**Emergency Contact**   
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Information**

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
*Note: If you need more space please use the back of this page.*

**1.** Does this student have any chronic Health Conditions? (Check all that apply) Skin Problems   
 Asthma or other respiratory problems Seizure disorder Diabetes Frequent ear infections   
 Heart Condition   
**2.** Does this student have any allergies to: Medications Food Bee Stings Other \_\_\_\_\_\_\_\_\_\_  
 Please explain the type of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Does this student require an Epi-Pen? Yes No Benadryl? Yes No  
**3.** Has this student had any serious illness, operation, hospitalizations, or injuries?  
 Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**4.** Is this student on any medication? Yes No Inhalers? Yes No  
 If yes, list medications and directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 ***Note:******This is for emergency information, youth and parents are responsible for medication usage if at a SGF   
 event. SGF staff cannot dispense medication.*   
5.** Does this student have any physical and/or mental limitations or disabilities? Yes No  
 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**6.** Has this student had any problems with vision? Yes No Glasses? Yes No  
 Has this student had any problems with hearing? Yes No Ear tubes? Yes No

***Note: Please notify the SGF office if there are any changes in health information. For the safety of your child, this information will only be shared with those who need to know. Thank you.***