



## PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in Youth on Course VAULT activities by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and administrators at every practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of my personal desire to have them compete.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach/mentor be trained in the responsibilities of being a youth sports coach and that the coach upholds the Adult-Youth Policy Agreement.
- I will support coaches, mentors, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the program is for youth - not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, and administrators with respect regardless of race, sex, creed or ability.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**PERMISSION WAIVER**

As the parent or legal guardian of this minor child \_\_\_\_\_, I give permission for him/her to participate in the SCGA Youth on Course VAULT Program in 2013. I understand that this permission slip includes my permission for my child to participate in all YoC activities, including golf practice, instruction, playing opportunities as well as all special events where transportation is provided by school bus, public transportation (bus and train).

I understand that YoC assumes no responsibility for seeing to it that the above-named minor reports to activities at the YoC sponsored program, and I, on my own behalf and on behalf of this minor, waive all claims for any liability arising or actions occurring before the minor has reported to YoC. I give YoC permission to collect my child's grades, attendance, test information and other performance information from his/her school and school district. I understand that this information will be used solely for evaluation purposes and will only be included in reports in aggregate form.

**RELEASE**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of YoC and its affiliated organizations and sponsors, including the SCGA and the SCGA Foundation. My child has received a physical examination and has been found physically capable of participating in the Program. Recognizing the possibility of physical injury associated with golf and in consideration for YoC accepting the registrant for its golf programs and activities (the "Programs"), I assume all risks and hazards incidental to athletic participation and hereby release, discharge and/or otherwise indemnify YoC/SCGA Foundation, its officers, directors, coaches, sponsors, volunteers, and agents, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT OF MINOR**

In the event of a medical necessity or emergency, I hereby authorize the adult representative of YoC to make any necessary arrangements for the proper medical or surgical care of the above named child, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representative to secure and provide necessary and proper medical treatment for the care of my child. I also give consent for my child to be transported by ambulance to an emergency center for treatment. I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance and I assume all financial responsibility for any medical treatment (including transportation) for my child.

**MEDIA RELEASE FORM**

I give my consent to the photographing, recording, and broadcast of my child's voice and likeness, performance and/or talents and any material as part of television, film, radio, still photograph, etc (referred to below as the "Programs"). I also consent to the use of my child's written work in YoC and SCGA media publications.

I acknowledge that YoC/SCGA Foundation is the sole owner of all rights in and to the Programs and the photographs, video footage, recording thereof, and written work, for all purposes, and that they have the right, among other things, to broadcast the Programs one or more times over any station or CATV system, or provide any other distribution of the Programs. I understand that my child and I shall receive no compensation for his/her appearance on and participation in the Programs. My child's name, likeness, or written work may be used in advertising and promotional material for the Program, but not as an endorsement of any product. As parent/guardian of registrant, I/we hereby assign to YoC/SCGA Foundation all rights, including copyright, in any works created in whole or part by the registrant while participating in the Program.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Name (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**



## SCGA Youth on Course: General Information for all VAULT Participants

The SCGA Foundation is pleased to offer the VAULT program, which allows youth to experience a fun golf and one-on-one mentoring day with members from SCGA Golf Clubs called Play Days. The program is designed to be a one day mentoring experience for juniors of SCGA Foundation partner organizations while creating access to Southern California’s Private Country Clubs.

The objectives of Play Days are as follows:

- to provide both a golf and mentoring experience for the juniors in an environment to which they would not normally have access
- to create a fun experience where the members can share their passion for the game and their successes in life with a child

Thanks to the generosity of club members and the charm of our youth, an incidental outcome of this experience may be an ongoing relationship between the youth and the mentors. This form is meant to provide basic information pertaining to the program for all participants, members, volunteers, staff, and parents.

- I. **NO BACKGROUND CHECKS HAVE BEEN PERFORMED on any participants in this program. At all times throughout the day, there will be two youth and two mentors paired together.**
- II. **At the discretion and interest of both the youth and the adults, there is the opportunity to explore a continued friendship and ongoing relationship, but that is not a requirement of this program. Either party can and should exercise the right to limit this relationship to the day of the event at his or her own choosing.**
- III. **Juniors are at their own discretion to provide contact information to the adults and should make their parent(s)/guardian aware of any such action. It is our recommendation that the initial contact after the event be made by the JUNIOR to the adult after the junior has received permission from his/her parent or legal guardian. The SCGA Foundation will not release any personal information for any of the junior participants.**
- IV. **The SCGA Foundation suggests that members/adults do not take ANY personal contact information from the youth on the day of the event. If both the member and the junior are interested in a continued friendship, the SCGA Foundation suggests that it be up to the junior to make the first contact to the member.**

The SCGA Foundation facilitates the hosting of this event, but does not take responsibility for the conduct of the participants. By signing this form, you are acknowledging that you have read and understand the above statements.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Junior Participant (print name)

\_\_\_\_\_  
Date