

**NPAGA CONVENTION & TOURNAMENT**  
**CHILDREN ACTIVITIES CONSENT AND**  
**LIABILITY RELEASE FORM**

(One per Child)

I, \_\_\_\_\_ hereby give my consent for any Doctor, Hospital and or Qualified First Aid person to give emergency medical treatment or first aid to my child, \_\_\_\_\_ age \_\_\_\_\_.

As parent/legal guardian of the above name child, I hereby release from liability those persons who render first aid, administer emergency treatment or those persons at hospitals, clinics or doctors who treat the above child. Further, I hereby release from liability the Pan American Golf Association of Dallas, Texas.

Name of Insurance: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian's Signature

\_\_\_\_\_  
Date

Phone number where you may be reached: \_\_\_\_\_

Alternate Emergency Contact Name/Tel: \_\_\_\_\_

\_\_\_\_\_  
Please list allergies including allergic medication and other information including physical handicaps and doctor's name on this form.

\_\_\_\_\_

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