

EXAMPLE JUNIOR MEMBERSHIP APPLICATION FORM

This form can be issued annually to all golf club juniors so that all their details can be updated. It is important that a golf club keeps up to date contact details on all their junior members. It is also the responsibility of the junior and their parent/guardian to notify the Club Secretary/Manager if any of the details change at any time.

Once the form has been completed, return to _____ at the club.

**All forms need to be signed by parents/guardians*

Name of child: _____ Date of Birth: ___/___/___

Gender: Male Female

Address: _____

_____ Postcode: _____

Parents/Guardians Names: _____

Home telephone: _____

Mobile telephone: _____ Work phone: _____

Emergency Contact 1:

Name: _____ Home phone: _____

Work phone: _____ Mobile phone: _____

Emergency Contact 2:

Name: _____ Home phone: _____

Work phone: _____ Mobile phone: _____

Medical Information

1. Child's Doctor's name and contact details:

Name: _____ telephone: _____

2. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No

If yes please give details.

3. Does your child have any allergies?

*Yes No

If yes please give details.

4. Does your child have any specific dietary requirements?

*Yes No

If yes please give details.

5. Please provide any further information that you feel is appropriate

• I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.

• I agree to notify the club should the above details need to be updated/changed and if my son/daughter should not be participating due to illness or injury.

• I, _____ being parent/guardian of the above named child hereby give permission for the Junior Organiser/Professional/Club Official to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed – Parent/Guardian:	
Print name:	
Date:	

EQUAL OPPORTUNITIES MONITORING

Ethnicity

A. White

- British Irish
 Any other white background (Please specify): _____

B. Mixed

- White & Black Caribbean White & Black African
 White & Asian
 Any other mixed background (Please specify): _____

C. Asian or Asian British

- Indian Pakistani Bangladeshi
 Any other Asian background (Please specify): _____

D. Black or Black British

- Caribbean African
 Any other Black background (Please specify): _____

E. Chinese or other ethnic group

- Chinese
 Any other (Please specify): _____

Disability

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

Do you consider your son/daughter to have a disability? *Yes No

*If yes what is the nature of your disability?

- Visual impairment Hearing impairment Physical disability
 Learning disability Multiple disability

Other (Please specify): _____

By returning this completed form, I agree to my son/daughter/child in my care taking part in organised activities at the golf club or county.

I understand that I will be kept informed of these activities, for example coaching dates & times. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, or the nominated person on this form, and to deal with that injury/illness appropriately.

I have read the Young Person's Code of Conduct and agree that my child should abide by this whilst in the care of the county/club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

Signed – Parent/Guardian:	
Print name:	
Date:	

** Please note that this information will be held in the secretary/manager's office, however some of the information will need to be shared with the Junior Organiser(s)/PGA Professional who will be in charge of the coaching sessions/matches/tournaments your son/daughter/child in your care could be attending. Only relevant information such as emergency contact details and medical information will be shared to ensure that those responsible can act in an appropriate manner should your child require it. If you have any questions/reservations please speak to the club secretary/manager.