

**JUNIOR MEMBERSHIP APPLICATION
CLAREMORRIS GOLF CLUB**

Full Name of Player:

Address: _____

Date of Birth: _____

Home Telephone: _____

Player's Mobile No (in case of emergency¹): _____

Parent(s) Mobile(s): _____

Parents E-mail(s): _____

MEDICAL/BEHAVIOURAL INFORMATION

Please include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, dietary, special needs, etc.

Date of last Tetanus Injection: _____

Doctors Name, address and contact phone number: _____

PARENT/GUARDIAN Section

Full Name of Parent/Guardian: _____

Address (if different from above): _____

Home Telephone (if different from above): _____

Name and mobile number of alternative adult to be contacted in case of emergency:

Declaration

I am the Parent/guardian of: _____

I hereby consent to the above child participating in golf activities of the Union in line with Golf's Safeguarding Policy.

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

I am happy for me, and my child, to receive appropriate communication through text and email.

I understand that photographs/videos will be taken during or at golf related events and may be used in the promotion of golf, including social media.

If selected for teams, I confirm I am happy with the travel arrangements the Union may arrange for my child.

I acknowledge that the Union is not responsible for providing adult supervision for my child except for formal junior coaching, matches and competitions.

I understand and agree that my son/daughter in my care be bound by the above Code of Conduct whilst representing the Unions and I absolve all its representatives from all liability and/or claims for illness, injuries and damage that may arise directly as a result of my son/daughter breaching conditions set out in this document.

PARENT/GUARDIAN STATEMENT

I will inform the coaches/designated liaison person of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

SIGNATURE OF PARENT/ GUARDIAN: _____

PRINT NAME OF PARENT/GUARDIAN: _____

DATE: _____