



APPLICATION FOR JUNIOR MEMBERSHIP

Surname:

First Names:

Name you are known by:

Address:

.....

.....POSTCODE.....

Home Tel No: Mobile No:

Email address:

Date of Birth:.....Age as at today's date:
(Minimum age – 10yrs)

Handicap (if applicable).....Which Golf Club?

Please provide brief details of any golfing lessons or experience:

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Other interests:

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I wish to apply for Junior Membership of Ham Manor Golf Club.

If accepted for Membership I agree to abide by the Rules of Ham Manor Golf Club.

Signed..... Date

Parent / Guardian Signature



PARENT / GUARDIAN CONSENT FORM

Next of Kin Details & Parent/Guardian Consent Form

In your child’s interest it is important that Ham Manor Golf Club are aware if he or she suffers from any illness or medical condition, or has any special dietary need. It is also important that we are able to contact you in the event of an emergency.

Could you please therefore complete all of the following sections. The information given will be held in strict confidence by the Secretary and will only be made available to the Junior Organiser.

You are asked to notify any changes at once to the Secretary at Ham Manor Golf Club.

Parents/Guardians Name (and address if different to application form)

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Details of Relevant Medical Condition and/or Treatment

Please state below if your son/daughter is suffering from any medical condition that we should be aware of. Please also state whether he/she is taking regular medication which may affect his/her participation in events organised by Ham Manor Golf Club. Details of medication should include dosages and frequency of use.

Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your son/daughter.

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Registered General Practitioner

Name:

Practice Address:

Tel No:.....

Emergency Contact Numbers & Names:

Name:Home:

Work:Mobile:

In the event of an emergency, and in my absence, I consent to my son/daughter receiving medical treatment which, in the opinion of a qualified medical practitioner maybe necessary.

NHS number:

Signature of Parent/ Guardian.....Date.....