



Baldon Golf Club Junior Application Form

Junior Name		
Date of Birth		
Address		
Telephone Number		
Parents' Names		
Address		(If different)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
Email:		
Emergency Contacts		
Contact 1 Name		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

Email:	
Contact 2 Name	
Relationship to child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Please confirm details of all those with Parental Responsibility for the Child.	

Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication? **YES** **NO**

*If yes please give details, including medication, dose and frequency.

Does your child have any allergies? **YES** **NO**

*If yes please give details.

Does your child have any specific dietary requirements? **YES** **NO**

*If yes please give details.

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

Disability

The Equality Act 2010 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 child to have a disability? **YES** **NO**

*If yes what is the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

Consent from Parent/Legal Carer:

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the Club of any changes to this information.
- I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.
- The attached signature will denote that my child will not be on the golf club's premises or course, unless someone who can get help is with them. Children under 12 must be accompanied with an adult.
- I agree to my child being photographed Y / N
- I have read and agree to follow the Carers code of conduct found on our website (Click on Members then Juniors) Y / N
- We have read and agree the conduct required by young golfers on our website Y/N
- We agree to let the club know of any incidents or accidents that occur and to contact the Club Welfare officer or secretary, should the need arise. Y / N
- I wish to register as a social member Y / N.
- My child already has a handicap Y / N If yes what is it?

By signing this document, I confirm that I have legal responsibility for
; I am entitled to give this consent and I am aware of how the information I have provided may be used.

Signed – Parent/Carer		Signed Child	
Print name		Print name	
Date		Date	