



Baildon Golf Club

Moorgate, Baildon, Yorkshire BD17 5PP

Tel: 01274 584266

Secretary Mr P. Weatherill

Email: secretary@baildongolfclub.com

Junior Membership Application

Block Capitals PLEASE

Full name

Address

.....

Post code

DOB:..... School attended:

Parents/Guardians details

Full name

Home Tel No Mobile Tel No

email:.....

Emergency Contact 1: Name

Tel No (s)

Emergency Contact 2 Name

Tel No(s)

Give any details of any condition requiring medical treatment and/or medication

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Medical Information

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

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.
- I confirm that any child under 12 will be supervised at all times.
- I recognise Baildon Golf Club is an affiliated member of England Golf and follows the England Golf Safeguarding Children and Young People Policy and procedures.

Signed _____

Print Name _____

Date _____

If you want to join as a social member, please enclose a cheque payable to Baildon Golf Club for £20. This entitles members to discounted prices on drinks and we will pay the fees we incur for obtaining a handicap and enrolment of the Bradford and Yorkshire golf unions.

Request for Additional information

- I would / wouldn't like to receive details of joining the Junior Passport to golf programme at Baildon Golf Club