

Churston Golf Club Junior Open Application and Parental Consent Form

Name of Junior _____ Current Handicap: _____

Home Address: _____

Post Code: _____ Home Telephone Number: _____

Date of Birth: _____ Name of home Club: _____

In caring for the best interests of your son/ daughter it is important that we know whether he/ she suffers from any medical condition or illness or whether he/ she is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matters or injuries of any kind, which you think it is best we know about including details of any prescribed medicine or of any special dietary requirements.

My son/ daughter is in good health and I consent to him/ her participating in the Churston Junior Open.

I understand that should my son/ daughter's behaviour compromise the safety of either themselves or others, they may be asked to leave the course/ Clubhouse.

I consent to my son/ daughter receiving medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

NHS Number: _____

NHS Doctor is: _____

Surgery Address: _____

Surgery Telephone Number: _____

Name of Parents or Guardians: _____

In an emergency we can be contacted on the following telephone numbers

(Home) _____ (Work) _____ (Mobiles) _____

Signature: _____ Date: _____

[This information will be treated in the strictest confidence, held in the Clubhouse and only accessed in case of accident/emergency. We confirm that this form will be destroyed after the event. Thank you.]