

Loughrea Junior Golf: Application Form (Form 0006)



Childs Name:

Date of Birth:

Address:

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Email:

Other Sports Played:

Please state any medical/behavioural conditions you feel need to be disclosed:

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

I hereby consent to the above child participating in golf activities of the club in line with the Code of Ethics for Golf for Young People. I will inform the leader of any changes to the information above. 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 club may arrange for my child.

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

Name:

Signature of Parent/Guardian: