

# SEDBERGH GOLF CLUB

Dent Road, Sedbergh, Cumbria, LA10 5SS  
Telephone; 015396 21551

Web; [www.sedberghgolfclub.com](http://www.sedberghgolfclub.com)  
Email; [info@sedberghgolfclub.com](mailto:info@sedberghgolfclub.com)



## Junior Membership Application Form

Please complete this form and return it to the club at the above address.

### Details:

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work / Mobile telephone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

### Medical Information:

1. Child's Doctor's name and contact details:

Name: \_\_\_\_\_ telephone: \_\_\_\_\_

2. Please give details if your child experiences any conditions requiring medical treatment and/or medication?

3. Please give details if your child has any allergies, or any specific dietary requirements.

4. Please provide any further information that you feel may be appropriate on the back of this form.

I confirm that my child does not suffer with any other medical conditions than those stated above.

I agree to notify the club of any change in medical information or allergies.

I agree to give consent to a golf club representative to give immediate necessary authority on my behalf for any medical treatment that may be needed by an approved medical physician

Name: _____	Signature: _____	Date: _____
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I consent to:

- My child being transported by club representatives to and from venues when he/she is representing the golf club **Y / N**
- My child to have access to and use the clubs changing facilities **Y / N**
- Use of photography by an authorised person or club personnel **Y / N**
- Use of video imagery to provide development for their game of golf **Y / N**
- Passing my child's personal details onto relevant club / county officials where their development is being considered **Y / N**
- I acknowledge that the club is not responsible for providing adult supervision for my child, except for formal junior golf coaching **Y / N**

Name: _____	Signature: _____	Date: _____
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I confirm that both myself and my child have read and understood:

- Junior Code of Conduct
- Have seen a copy of the Child Protection Policy
- Have been issued with a copy of the Junior Handbook

Name: _____	Signature: _____	Date: _____
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