

# TILlicOUNTRY GOLF CLUB

## APPLICATION FORM - JUNIOR / JUVENILE MEMBERSHIP

**The membership year is 1<sup>st</sup> January to 31<sup>st</sup> December of the current year.**

A Juvenile is aged under **14 years** on 1<sup>st</sup> January of the current year.

A Junior is aged 14 years or over and under **18 years** on 1<sup>st</sup> January of the current year.

Name.....  
[Block Capitals]

Address.....

.....

.....Post Code.....

Telephone.....

Date of Birth.....Age Last Birthday.....

Previous Club: .....

H'cap & CDH No.: .....

For Juveniles/Juniors joining during the current year, subscriptions will be charged for the remaining months of the membership year pro rata on annual membership rate.

The Club would appreciate if a parent / guardian would complete the attached Child Protection profile form.

I, the parent or guardian of the above applicant, take full responsibility for any damage to club property or other misconduct by the applicant.

Return completed form to the Club Administrator.

Parent/Guardian

Signature.....Date.....

Date Received .....

Initials ..... [ Club Administrator ]

A successful applicant is deemed to give authority to the Club to record the personal information, provided here, on the Clubs membership record system.. All information will be held subject to the Data Protection Act 1998 and will be removed on resignation from the Club..

**Tillicoultry Golf Club: Partnership With Parents – Juvenile/Junior Profile Form**

Reviewed at \_\_\_\_\_ [ admin only]

We need you to complete or review this form(s) at the start of every season. It is the parent's responsibility to inform the club if there are any changes to the information. Please be aware of the consequences should an accident or emergency befall your child, at the golf club, and there are no details or incorrect details available.

All information will be treated with sensitivity, respect and will only be shared with those who need to know, e.g. team manager, First Aider

	Name	Relationship to child	Date Of Birth	Address	Town
Child					
Principle Contact					
Health Professional					

Contacts	Contact Name	Relationship to Child	Home Phone	Work Phone	Mobile	E Mail
Parental Contact						
Emergency Contact (1)						
Emergency Contact (2)						
Health Professional						

Any Pre-existing medical conditions /injuries / allergies which may affect your child taking part in golf	<p><b>YES / NO</b> [ Delete as appropriate ] If <b>YES</b> please give brief details e,g medication, dosage,frequency</p> <p>Injuries:</p> <p>Allergies:</p> <p>Condition:</p>
Consent	<p>I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.</p> <p><b>YES / NO</b> [Delete as appropriate ]</p>

Transportation	<p>I consent to my child being transported by representatives of Scottish Golf, one of its individual members or affiliated clubs for the purpose of taking part in golf. I understand Scottish Golf / affiliated Club will ensure that any private vehicle and its driver will be properly licensed and insured before being allowed to transport children. <b>YES / NO</b> [ Delete as appropriate ]</p>
Photography , publications, website	<p>Your child may be photographed/filmed when participating in golf activities. All reasonable attempts will be made to obtain parental consent. In the absence of explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement.</p> <p>I give permission for my child to be photographed/filmed and for information about my child to be used for purposes stated in Scottish Golf's ' Safe in Care' guidelines. <b>YES / NO</b> [ Delete as appropriate ]</p>
Adult supervision	<p>I acknowledge the Club is only responsible for providing adult supervision of my child during formal junior coaching sessions, matches and competitions. Please tick [            ]</p>

Declaration	<p>Information supplied by :</p>  <p>Date:</p>
-------------	--