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PLAYER PROFILE FORM

Junior Membership Form

This form is to be issued annually to all golf club juniors so that all their details can be updated. It is important that a golf club keeps up to date contact details on all their junior members. It is also the responsibility of the junior and their parent/guardian to notify the Club Secretary if any of the details change at any time.

Once the form has been completed return to at the club.

*All forms need to be signed by parents/guardians

Name of child:	
Date of Birth: / /	
Gender: Male Female	
Address:	
Postcode:	
Parents/Guardians Names:	
Home telephone:	
Mobile telephone:	Work telephone:
Emergency Contact 1: Name:	telephone:
Emergency Contact 2: Name:	telephone:

Appendix A

Medical Information

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

Name: _____ telephone: _____

2. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No

If yes please give details.

3. Does your child have any allergies?

*Yes No

*If yes please give details.

4. Does your child have any specific dietary requirements?

*Yes No

*If yes please give details.

5. Please provide any further information that you feel is appropriate

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.
- I agree to notify the club should the above details need to be updated/changed and if my son/daughter should not be participating due to illness or injury.
- I, being parent/guardian of the above named child hereby give permission for the Junior Organiser/PGA Professional/Club Official to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed – Parent/Guardian: _____

Print name: _____

Date: _____