

VERULAM GOLF CLUB

JUNIOR MEMBERSHIP APPLICATION

2010/11

Name :	Date of birth :
Address :	
Post code :	
Home Number :	Mobile Number :
Email :	
Parent/Guardian's Name(s) :	
School :	
Other sports played :	

Previous Golf Club :	Handicap :
Standard of play : <input type="checkbox"/> Beginner <input type="checkbox"/> Average <input type="checkbox"/> Good	Best Score :
Reasons for joining Verulam Golf Club :	

What Verulam Golf Club requires of you to play the course:

- ETIQUETTE** Good behaviour and the 3 'Golden Rules' – Bunkers, Divots, Pitch Marks
- DRESS** Sports shirt, trousers or tailored shorts and golf shoes – *no T-shirts, jeans or trainers*
- PLAYING TIMES** Weekends and Bank Holidays: After 11 am (or later, dependent on handicap)
Weekdays: All Day
- Junior members without a handicap must play with an adult member on weekends and bank holidays unless they have the approval of the Junior Organiser or the Club Professional. Always observe tee reservations.*

Annual subscription by age on 1st August 2010: (Please tick one box)

- | | | | |
|--------------------------|---------------|-------------|------|
| <input type="checkbox"/> | 7 – 10 years | Junior (F3) | £ 97 |
| <input type="checkbox"/> | 11 – 13 years | Junior (F2) | £130 |
| <input type="checkbox"/> | 14 – 17 years | Junior (F1) | £172 |

NOTE: Initial subscription adjusted for year end on 31st July 2011

Signature :	Date :
Proposed by :	Date :
Approved by :	Date :
General Manager / Junior Organiser	

Verulam Golf Club Limited, 226 London Road, St Albans, Herts, AL1 1JG

VGC Manager	Robin Farrer	01727 853327	gm@verulamgolf.co.uk
Junior Organiser	Chris Marnoch	07788 178496	chris.marnoch@btinternet.com

VERULAM GOLF CLUB

JUNIOR PLAYER PROFILE FORM

2010/11

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent/guardian to notify the VGC Manager if any of the details change at any time.

Name :

Date of Birth :

Address :

Post code :

Home Number :

Mobile Number :

Email :

Parent/Guardian's Name(s) :

Address (if different to above) :

Post code :

Home Number :

Mobile Number :

Work Number :

EMERGENCY CONTACTS

Contact 1 - Name :

Relationship to Child :

Home Number :

Mobile Number :

Work Number :

Contact 2 - Name :

Relationship to Child :

Home Number :

Mobile Number :

Work Number :

MEDICAL INFORMATION

Child's Doctor's Name(s) :

Doctor's Surgery Address :

Post code :

Telephone Number :

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

YES *

NO

* If YES, please give details, including medication, dose and frequency:

Continued . . .

Does your child have any allergies?

YES * NO

* If YES, please give details:

Does your child have any specific dietary requirements?

YES * NO

* If YES, please give details:

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability?

YES * NO

* If YES, what is the nature of the disability?

Hearing impairment

Learning disability

Multiple disabilities

Physical disability

Other (please specify) _____

Does your child have any communication needs e.g. non-English speaker /hearing impairment/sign language user/dyslexia?

YES * NO

* If YES, please tell us what we need to do to enable him/her to communicate with us fully.

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify the club of any changes.
- I, _____, being parent/guardian of the above named child, hereby give permission for the club responsible person 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- The attached signature will denote that my child has my permission to be on the golf club's premises. (Please tick the box if agreed)
- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. (Please tick the box if agreed)
- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club. (Please tick the box if agreed)

Signed (Parent/Guardian) :

Print Name :

Date :

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