



JUNIOR/STUDENT MEMBERSHIP APPLICATION

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

Full Name of Junior: _____

DOB: _____ Male/Female _____

Address: _____

Home Tel No: _____ Junior Mobile Number _____

Email Address: _____

Proposed by: _____

Seconded by: _____

Proposer & Seconder must be Full or Retired Garda Members from Westmanstown Golf Club

EMERGENCY CONTACTS:

Contact 1 - Name / Address _____

Email: _____

Relationship to child: _____ Home number: _____

Mobile number: _____ Work number: _____

Contact 2 - Name / Address _____

Email: _____

Relationship to child: _____ Home number: _____

Work Number _____ Mobile number: _____

P.T.O.

The safety and welfare of junior members, when 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.

MEDICAL INFORMATION

Child's Doctor's Name: (Optional)

Surgery Address: (Optional)

Surgery Telephone Number (Optional)

Medical History Information

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

Parental / Guardian Consent

- a) I consent to the above child participating in golf activities at **Westmanstown Golf Club** in line with the Club's Code of Ethics for Golf for Young People and the Club's Regulations for junior members.
- b) I will inform the club of any changes to the information provided above. I confirm that all the details are correct and I am able to give parental consent for my child to participate in and travel to all activities.
- c) I understand that photographs will be taken during or at golf related events and may be used in the promotion of golf.
- d) I acknowledge that the club is not responsible for providing adult supervision for my child except at formal events and junior golf coaching, matches or competitions.

Signature (Parent/Guardian): _____

Printed Name: _____

Date: _____