



Westmanstown Golf Club
Application for Junior Membership

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Family Name _____ First Name _____

Male Female Date of Birth

Address

Home Telephone No.

Player Mobile No. (In case of EMERGENCY)

Parent/Guardian

Name _____ Relationship to Child _____

Address (if different from above) _____

Email address _____

Mobile No. Work Telephone

NAME & ADDRESS OF ALTERNATIVE ADULT TO BE CONTACTED IN EMERGENCY

Relationship to Child:

Mobile : Work Tel

MEDICAL INFORMATION; PLEASE INCLUDE ALL MEDICAL DETAILS THAT MIGHT BE RELEVANT IN DEALING WITH YOUR CHILD IN A SAFE MANNER, e.g. ALLERGIES, MEDICATION, SPECIAL NEEDS.

Child's Doctor' Name	
Doctor's Surgery Address	
Telephone Number	
Medical History Information	

PARENTAL/GUARDIAN CONSENT

- I consent to the above child participating in golf activities at **Westmanstown Golf Club** in line with Golf’s Safeguarding Policy
- I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities
- I am happy for me and my child, to receive appropriate communication through text and email
- I understand that photographs/videos will be taken during or at golf related events and may be used in the promotion of golf, including social media.
- If selected for teams, I confirm I am happy with the travel arrangements the Club may arrange for my child;
- I acknowledge that the Club is not responsible for providing adult supervision for my child except at formal junior coaching, matches or competitions
- I understand and agree that my son/daughter in my care be bound by the attached Code of Conduct for Juniors whilst representing the Club.

PARENTS/GUARDIANS STATEMENT

I will inform the Honorary Secretary of any important changes in my child’s health, medication or needs and of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above-named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

DATA LEGISLATION

Where I have provided information about my son/daughter I confirm that they have appointed me to act for them or that I am legally entitled to act for them, to consent to the processing of their personal data, and to receive, on their behalf, any data protection notices from the Club.

I understand that I can withdraw my consent at any time by writing to the Honorary Secretary of the Club. I understand my rights under Data Protection legislation as set out on Westmanstown Golf Club – Data Privacy Notice at www.westmanstowngolfclub.ie).

I acknowledge my right to request in writing a copy of any personal data about myself/child which is held and have amended any personal data which is incorrect, incomplete or misleading.

Signature of Parent/Guardian _____

Printed Name. _____ Date _____

Proposed by:

Seconded by:

Name in Block Capitals _____

Name in Block Capitals _____

Signature _____

Signature _____

Mobile No.

Mobile No.

Proposer and Seconder must be Ordinary Members or Seven Day Members

NOTE: The attached “Code of Conduct for Juniors” must be signed up to by Junior Applicant, and a Parent/Guardian.

<p><i>For Official Use only</i> Member approved by Club Joint Committee on</p> <p>Date _____</p> <p>GUI/ILGU Member Card No.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

Application Received	
Notice Board	
Interview	
Letter of Offer	
Acceptance	
Payment	

Notes
