OFFICE USE ONLY:
CDH: _____
MEMBER NO: _____
CARD NO: _____
INVOICED: _____
PAID: _____

SKIPTON GOLF CLUB

SHORT LEE LANE, SKIPTON, NORTH YORKSHIRE BD23 3LF
GOLF MANAGER 01756 795657

APPLICATION FOR JUNIOR MEMBERSHIP (under 18's)

APPLICANT'S DETAILS		
NAME OF APPLICANT: (Capitals)	DOB:	
ADDRESS	Post Code	
Telephone	HOME:	MOBILE (Applicant):
Email address of applicant:		
Relationship to member(s) of Skipton Golf Club if any:-		
Present Golf Club (if applicable)		Handicap
PARENTS / GUARDIANS DETAILS		
Name / relationship to applicant		
Contact	Mobile: Home: Email:	
Address (if different)	Post Code	
Name / relationship to applicant		
Contact	Mobile: Home: Email:	
ADDRESS (if different)	Post Code	
Signature of applicant …… Date ……	Signature of Parent / Guardian …… Date ……	

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.

In compliance with the Data Protection Act 2018, GDPR and all relevant data protection legislation, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of Skipton Golf Club. The information will be disclosed only to those members of Skipton Golf Club for whom it is appropriate and relevant officers of England Golf where necessary.

It is the responsibility of the junior and their parent to notify the Club Welfare Officer (CWO) or Golf Manager (GM) if any of the details change at any time.

EMERGENCY CONTACT DETAILS

Emergency Contact Name (1)	Emergency Contact Name (2)
Relationship to child	
Home Telephone	Home Telephone
Work Telephone	Work Telephone
Mobile No	Mobile No
Email	Email

Please confirm details of all those with Parental Responsibility for the child	

MEDICAL INFORMATION FOR CHILD

Doctor's name _____

Doctor's surgery address _____

Telephone No: _____

Does your child experience any conditions requiring medical treatment and / or medication ? YES / NO

If 'Yes' please give details, including medication, dose & frequency

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?

Disability

The Equality Act 2010 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?

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

Consent from Parent / Legal Carer

- ☐ 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 to this information
- ☐ I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all responsible steps will be taken to contact me, or the alternative adult named on this form
- ☐ The attached signature will denote that my child has my permission to be on the golf club's premises
- ☐ I acknowledge that the club is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition
- ☐ I agree to my child being transported by club representatives to and from venues when he/she is representing the club

(*Please tick the boxes if agreed*)

I agree to notify the Club should any of the above details require updating/altering and if my child should not be participating due to illness or injury.

By signing this document, I confirm that I have legal responsibility for _____

I am entitled to give this consent and I am aware of how the information I have provided may be used

Signed (Parent / Carer)	
Print Name	
Date	

PHOTOGRAPHS & RECORDED IMAGES

Skipton Golf Club recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people we will permit photographs, video images or other images of young people to be taken or used unless the parent/guardian specifically refuses to give consent. The Club will follow the guidance for the use of images of young people as detailed within the Children in Golf procedures. The Club will take steps to ensure these images are used solely for the purpose they are intended, which is the promotion and celebration of the activities of the Club.

Please tick the box if you **do not want** your child's photograph taken under the stated rules ☐

This information will be held in the Golf Manager's office, however, some of the information will need to be shared with the Junior Organiser / PGA Professional who will be in charge of the coaching sessions / matches / tournaments your child could be attending.

Only relevant information such as emergency contact details and medical information will be shared to ensure that those responsible can act in an appropriate manner should your child require it. If you have any questions / reservations, please speak to the Golf Manager.

Please hand the fully completed form to the Junior Organiser (Ian Sewell) or the Golf Manager (Karen Chapman).