SKIPTON GOLF CLUB

SHORT LEE LANE, SKIPTON, NORTH YORKSHIRE BD23 3LF
manager@skiptongolfclub.co.uk | 01756 795657

OFFICE USE ONLY

CDH: _____

MEMBER NO: _____

CARD NO: _____

INVOICED: _____

PAID: _____

JUNIOR (Under 18's)

MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

Surname	
Other names	
Date of birth	
Address	
Postcode	
Email address	
Mobile	
CDH number (if applicable)	
Handicap	
Home Club	

PARENTS / GUARDIANS DETAILS

Contact (1) Name	
Relationship to Applicant	
Contact Address	
Postcode	
Email address	
Mobile	

Contact (2) Name	
Relationship to Applicant	
Contact Address	
Postcode	
Email address	
Mobile	

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 issues so that their best interests are address.

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 / guardian 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)	
Relationship to Applicant	
Email address	
Mobile	

Emergency Contact Name (2)	
Relationship to Applicant	
Email address	
Mobile	

Any additional contact details for those with responsibility to the applicant

MEDICAL INFORMATION

Name of Doctor	
Surgery Address	
Telephone Number	

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

   ☐ Yes ☐ No If yes, please provide details and include medication, dose & frequency:

2. **Does your child have any allergies ?**

   ☐ Yes ☐ No If yes, please provide details:

3. **Does your child have any specific dietary requirements ?**

   ☐ Yes ☐ No If yes, please provide 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 etc.,

DISABILITY

The Equality Act 2010 defines a disabled person as 'anyone with a physical or mental impairment which has a substantial and long-term effect on his or her ability to carry out normal day to day activities'

4. Do you consider your child to have a disability ?

☐ Yes ☐ No If yes, what is the nature of their disability ?

5. 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 Skipton Golf Club of any changes to this information

☐ I give my consent that, in an emergency situation, Skipton Golf 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 occurrent 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 Skipton Golf 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 Skipton Golf Club representatives to and from venues when he/she is representing Skipton Golf Club

☐ I agree to notify Skipton Golf 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 _____

Signed (Parent / Guardian / Carer)	
Print Name	
Date	

PHOTOGRAPHS & RECORDED IMAGES

Skipton Golf Club recognizes 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 / carer specifically refuses to give consent. Skipton Golf Club will follow the guidance for the use of images of young people as detailed within the Children in Golf procedures. Skipton Golf Club will take steps to ensure these images are used solely for the purposes 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 / Junior Coaches / PGA Professional who will be in charge of any coaching sessions / matches / tournaments you 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 Golf Manager (Karen Chapman)