



PHOENIX GOLF CLUB

JUNIOR MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Forename(s) _____

Surname: _____

Date Of Birth: _____

Address _____

Town / City _____ Post Code _____

DECLARATION (* circle as applicable)

I wish to apply for Junior Membership commencing on _____ 2015 / 16

Signature: _____ Date: _____

PARENT/GUARDIAN (* circle as applicable)

Title: Mr/Mrs/Miss/Ms*

Forename(s): _____

Surname: _____

I hereby give / do not give my permission for the child named above to be photographed for team photos for sponsors and also if required action shots during competitions or practice. I am aware that any equipment provided remains the property of Phoenix Golf Club and will return, replace or provide monetary value at the clubs request, if the child named above ceases to continue club membership and is in possession of any said equipment.

CONTACT INFORMATION

Telephone (Home): _____ Telephone (Work): _____

Main Mobile Number: _____ Email: _____

ALTERNATE CONTACT (If not available at the above)

Name: _____

Relationship to Child: _____

Telephone (Home): _____ Telephone (Work): _____

Mobile Number: _____ Email: _____

Signature: _____

Date: _____



PHOENIX GOLF CLUB

MEDICAL CONSENT FORM

In caring for your child it is important that we know whether they suffer from any medical condition or illness, or whether they are receiving medical treatment of any kind.

PERSONAL INFORMATION - PLEASE PRINT CLEARLY

MEDICAL INFORMATION

Please indicate below, in confidence, any health related matters including injuries of any kind that we should be aware of - including details of any prescribed medicine and dosage or of any allergies or special dietary requirements.

Does your child suffer from any conditions requiring medical treatment?

Yes No

If YES, please give brief details

Does your child have any allergies or special dietary requirements?

Yes No

If YES, please give details including management if applicable

NHS & GP INFORMATION

GP Name: _____ NHS Number: _____

Surgery Address:

Postcode: _____ Telephone: _____

I undertake to inform the Junior Organiser as soon as possible of any changes in these medical circumstances. I understand every effort will be made to contact me at the earliest opportunity should an emergency arise and I consent to my child receiving essential medical treatment as necessary when the treatment is prescribed by a qualified medical practitioner or member of the emergency services.

Signature: _____

Date: _____