

Application Form for new Junior Members:

New Ross Golf Club



CONTACT INFORMATION

Name: Male / Female:

Address:

Telephone - Home:

Telephone - Mobile (in case of emergency):

E-MAIL:

Date of Birth:

MEDICAL HISTORY INFORMATION (details of any known allergies, conditions, medications)

In the event of illness, having parental responsibility, 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 needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION Any other special needs, requirements or directions that would be helpful for leaders to know about:

PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of

Photographs

I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

Drug Testing (for elite players only)

I give permission for my child(ren) to be tested for prohibited substances in accordance with the Sports Council Anti Doping Rules (where applicable)

I hereby consent to the above child(ren) participating in activities of the organisation in line with the Code of Ethics for Young People. I will inform the leaders of my children's activities of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

SIGNATURE

SIGNED NAME