

Ballycastle Golf Club

Junior Membership Application Form



FULL NAME OF JUNIOR:
ADDRESS:
POSTCODE:
DATE OF BIRTH:
MOBILE NUMBER (in case of emergency):
EMAIL ADDRESS:

MEDICAL/BEHAVIOURAL INFORMATION

Please include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special needs etc

PLEASE CONTINUE OVERLEAF

1. Is the child currently a member of any other Golf Club? YES / NO

If answered yes please give details below:-

Club: _____

Handicap _____

GUI/ILGU Membership Number _____

2. Will the child retain membership of the current club? YES / NO

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PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of _____

I hereby consent to the above child participating in golf activities at Ballycastle Golf Club in line with the Code of Ethics for Young People. I will inform the leader of any changes to the information afore. I confirm that all details are correct and I am able to give parental consent for my child to participate in all activities.

I consent to photographs being taken during or at golf related events which may be used in the promotion of golf via social media.

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior coaching, matches and competitions. Children under 10 must be accompanied by an adult on the course at all times.

SIGNATURE: _____

PRINTED NAME: _____

FOR OFFICE USE

MEMBERSHIP FEE £ _____ DATE PAID: _____

CASH		CHEQUE		CARD		BACS	
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GI Number: