

Royal Winchester Golf Club

Junior Open – Parental Consent Form 2010

PLEASE SUBMIT WITH MAIN APPLICATION FORM

Junior's Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Telephone no _____ E Mail _____

In caring for the best interest of your Son or Daughter, it is important that the Royal Winchester Golf Club know whether He / She suffers from any medical condition or illness, or whether He / She is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matters, including injuries which you feel may be relevant; including details of any prescribed medicine and dosage, or any special dietary requirements.

Asthma	yes / no	Fits or Blackouts	yes / no
Epilepsy	yes / no	Diabetes	yes / no
High Blood Pressure	yes / no	Heart Problems	yes / no
Migraine	yes / no		

Other Details _____

I consent to my Son / Daughter participating in events and activities organised by the Royal Winchester Golf Club.

I consent to my Son / Daughter receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment

Name of Parent of Guardian _____

Tel no _____ (Home) _____ (Work) _____ Mobile

Signature: _____ Date: _____

- There may also be occasions where your son / daughter may need to be carried in a vehicle by one of the junior organiser's e.g. to a match, to a remote tee on the course or for medical treatment.

I am happy for this to take place _____ Please Sign

If any of the above information changes, Please advise immediately.

Junior Organiser - David Ellery, 86 Allbrook Knoll Boyatt Wood, Allbrook, Hampshire SO22 5DB
Phone 02380 368241 E mail david.ellery1@ntlworld.com

OR

The Club Manager - Andrew Buck at Royal Winchester Golf Club, Sarum Road, Winchester, Hampshire SO22 5QE. Tel No 01962 852462