PARKSTONE GOLF CLUB

JUNIOR OPEN

Thursday 2nd June 2011

Daily Telegraph Qualifier & EZGO Dorset Junior Tour Event

ROBSHAW CUP FOR BOYS – H'cap Limit 24
BISGOOD CUP FOR GIRLS – H'cap Limit 36

YOUhome®

YOUhome Scratch Team Salver
For the best 2 aggregate scores from any one club

ENTRIES: Open to under 18 boys and girls as at 1st January 2011.
Handicap (active) certificates must be shown at registration.

ENTRY FEE: £14.00. Includes burger & chips after play.
Please advise if vegetarian alternative required.

START TIMES: Players will be notified by email or post if SAE provided.

PRIZES: Prizes for Scratch and Handicap, boys and girls.
Best under 14's score.
The winning boy and girl (lowest gross score)

Distance Measuring Devices are permitted.

CLOSING DATE FOR ENTRIES FRIDAY 13TH MAY 2011

Parkstone Golf Club, Links Road, Parkstone, Poole, Dorset BH14 9QS.
Tel : 01202 707138 Email : admin@parkstonegolfclub.co.uk
www.parkstonegolfclub.co.uk

PARKSTONE GOLF CLUB

JUNIOR OPEN MEETING

Thursday 2nd June 2011

ENTRY FORM

FIRST NAME……SURNAME…… HOME CLUB……..…

PLEASE PRINT

CURRENT EXACT H/CAP……..CDH Life Time ID ……

EMAIL ADDRESS ……..

(only if start sheet to be emailed, otherwise please forward a SAE)

D.O.B……..…… AGE (as at 1st January 2011)…..……

ADDRESS……

PLEASE PRINT

……POST CODE……TEL…….……..

CLOSING DATE FOR ENTRIES – FRIDAY 13TH MAY 2011

Completed Entry Form & £14.00 Entry Fee (Cheque payable to Parkstone Golf Club)
To : Parkstone Golf Club, Links Road, Parkstone, Poole, Dorset BH14 9QS.

Tel : 01202 707138 Email : admin@parkstonegolfclub.co.uk

Parkstone Golf Club

Parkstone Golf Club
49a Links Road
Parkstone
BH14 9QS
Tel: 01202 707138

email:
admin@parkstonegolfclub.co.uk
web:
www.parkstonegolfclub.co.uk

Health & Safety Legislation

CONSENT FORM (JUNIORS)

Please print clearly

FULL NAME		CLUB	
ADDRESS		HOME TEL NO.	
		MOBILE	
		D.O.B	
E-MAIL		N.H.S. NUMBER	

PLEASE INDICATE WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY

NAME		RELATIONSHIP	
HOME TEL. NO.		WORK TEL. NO.	
MOBILE		E-MAIL	
ALTERNATIVE MOBILE		RELATIONSHIP	

DOES HE HAVE ANY SPECIAL MEDICAL PROBLEMS? PLEASE GIVE DETAILS OF ANY MEDICATION USED

CONDITION	YES OR NO	MEDICATION
DIABETIS		
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
SENSITIVITY TO INSECT BITES/STINGS		
IS HE ALLERGIC TO FOODS SUCH AS NUTS/ SEAFOOD? IF YES, PLEASE SPECIFY		
IS HE ALLERGIC TO PENICILLIN OR ANY OTHER MEDICINE? IF YES, PLEASE SHOW SUBSTITUTE NORMALLY USED		
IS HE CURRENTLY RECEIVING ANY MEDICAL TREATMENT? IF YES, PLEASE SPECIFY		
IS HIS TETANUS INJECTION UP TO DATE?		EXPIRY DATE:
PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS YOU FEEL THAT WE SHOULD BE AWARE OF		

DOCTOR		TEL. NO.	
ADDRESS			

I consent to my child taking part in the golfing activities under the auspices of the Parkstone Golf Club.
In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Parkstone Golf Club or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon.
(In any such eventuality every attempt would be made to contact you.)
I also consent to the use of photographic, video and other images being published solely in relation to the promotion and celebration of the activities of the club in sports websites, newspapers or magazines.

PARENT/GUARDIAN'S NAME (PLEASE USE CAPITALS)	
SIGNATURE	
DATE:	