Application Form for clubgolf Junior Coaching

Junior Members details

Name _____

Address _____

_____

_____

County _____

Postcode _____

Telephone _____

E-mail _____

Date of birth _____

Age _____

Additional information (*delete as applicable)

Have you played golf before? Yes / No *

Are you Right / Left * handed?

Contact Details: (to be used to make contact re coaching and also in the event of an emergency. Ideally these should be mobile numbers and should be the number of the main contact. Please type the numbers clearly) – this part is very important

_____

_____

Doctor's Name _____

Doctor's Phone _____

Allergies / medical conditions

Please list any allergies / medical conditions:

_____

_____

_____

Parent / Guardian

Name _____

Parental consent

I **agree to my child/children*** participating in any or all of the golf coaching sessions listed organised by Inverness Golf Club. In the event of any injury or illness I also authorise the organisers to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe.

Signature _____ **Date** _____

I **consent / do not consent*** to my child's picture being used for publicity purposes (*delete as appropriate)

Signature _____ **Date** _____

Coaching options (Please tick option required)

Stage 1 - **Cost £40** ☐

Stage 2 - **Cost £45** ☐