



# SUNNINGDALE HEATH GOLF CLUB

The Home of Sunningdale Ladies

## Junior Open Sunday 5<sup>th</sup> May 2019

18 Hole Qualifying Medal Competition  
To include Lunch, Scratch & Handicap Prizes

Tee Times Drawn from 9:30am

White & Red Tees (Girls Receive 2 Shots)

All Competitors must be 18 years or under on the day of the competition

### £25 per person

Entries close on Thursday 25<sup>th</sup> April 2019

Applications will not be accepted unless accompanied by a completed parental consent form

Name	Handicap: CDH No:
Telephone No:	Club:
Email:	

Please make cheques payable to SHGC Ltd and may be post-dated 25th April 2019

Distance Measuring Devices are permitted but please read the local rules posted in the foyer | Payment is non refundable, unless the course is closed | Entries are limited and will be accepted on order of receipt | Tee times will be emailed to the Team Organiser | Please return your form to the address below or alternatively email us a copy of your entry form to [admin@sunningdaleheathgolf.co.uk](mailto:admin@sunningdaleheathgolf.co.uk)

Sunningdale Heath Golf Club Ltd, Cross Road, Sunningdale, Berkshire, SL5 9RX  
Registered in England and Wales | No. 09935103

Telephone: 01344 620507 | Email: [admin@sunningdaleheathgolf.co.uk](mailto:admin@sunningdaleheathgolf.co.uk) | [www.sunningdaleheathgolf.co.uk](http://www.sunningdaleheathgolf.co.uk)



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## **PARENT/GUARDIAN MEDICAL & PHOTOGRAPHIC CONSENT FORMS**

The safety and welfare of Junior golfers in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

### **PLEASE WRITE CLEARLY.**

It is the responsibility of the Junior and their Parent/Guardian to notify Sunningdale Heath Golf Club if any of the details change at any time. This document will remain valid for the 2019 season.

<b>Name of Player</b>	
Date of Birth	
Address	..... ..... ..... .....Post Code.....
Home Tel No	
Mobile Tel No	
Email Address	

Father		Mother
<b>Parents' Names</b>		
Address	.....	.....
	.....	.....
	.....	.....
	.....	.....
	.....	.....
	Post Code:.....	Post Code:.....
Home Tel No		
Mobile Tel No		
Work Tel No		
Email Address		

Emergency Contacts	
<b>Contact 1 Name</b>	
Relationship to player	
Home Tel No	
Mobile Tel No	
Work Tel No	

Emergency Contacts	
<b>Contact 2 Name</b>	
Relationship to player	
Home Tel No	
Mobile Tel No	
Work Tel No	

# Medical Information

Doctor's Details	
Player's Doctor's Name	
Surgery Address	..... ..... ..... ..... Post Code:..... Tel No:.....
Player's NHS No	

**Does your child experience any conditions requiring medical treatment and/or medication?**

\*Yes  No  \*If yes please give details, including medication, dose and frequency.

..... ..... .....
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Does your child have any allergies?

\*Yes  No  \*If yes please give details.

..... ..... .....
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Does your child have any specific dietary requirements?

\*Yes  No  \*If yes please give details.

..... ..... .....
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What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

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The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

Do you consider your child to have a disability? \*Yes  No

\*If yes what is the nature of your disability?

Visual impairment  Hearing impairment  Physical disability   
Learning disability  Multiple disabilities

Other (Please specify):.....

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

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- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify Sunningdale Heath Golf Club should the above details need to be updated/changed and if my child should not be participating in an event/activity due to illness or injury.
- I, ....., being Parent/Guardian of the above named child, hereby give permission for Sunningdale Heath Golf Club responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my Child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

**LIABILITY**

Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Sunningdale Heath Golf Club

The Junior Organiser has undertaken DBS checks.

**PHOTOGRAPHS, VIDEO and FILM**

I permit photographs of my child to be taken for promotional purposes by Sunningdale Heath Golf Club.

Yes  No

I permit video and film footage of my child to be taken to be used on the Sunningdale Heath Golf Club website and twitter.

Yes  No

<b>Signed – Parent/Guardian</b>	
<b>Print name</b>	
<b>Date</b>	