



ROWLANDS CASTLE GOLF CLUB



Links Lane, Rowlands Castle, Hampshire, PO9 6AE

Secretary/Manager: Mr K.D. Fisher Tel: 023 9241 2784 Email: manager@rowlandscastlegc.co.uk

ENTRY FORM (Junior Masters - 26/7/18)

Name.....

Address.....

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E-mail.....

Tel.No.....Mob.No.....DOB.....

Club.....Handicap.....

Signature (Certifying Handicap)CDH No.....

PARENTAL CONSENT FORM

In your child's interest, it is important that we are aware if he or she suffers from any illness or medical condition. It is also important that we are able to contact you in the event of an emergency. Would you therefore please fully complete the following section. The information given will be held in confidence.

Name of Parent/Guardian.....

Contact Tel Nos:

Home.....Work.....Mobile.....

Special Dietary Requirements: Please give details of any specific food allergies or vegetarian or other specific dietary requirements.

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Medical Details: Please state below if your son/daughter is suffering from a medical condition, or is taking regular medication, which will affect his/her participation in this event organised by Rowlands Castle GC. Details of medication should include dosages and frequency of use. Please also indicate if there are any special circumstances which may relate to our care of your son/daughter.

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My son/daughter is in good health and I consent to him/her playing in the RCGC Junior Masters. I consent to him/her receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be deemed necessary.

Signature of Parent/Guardian.....Date.....

Please return this fully completed form to the Secretary/Manager, along with your cheque for £24/£10 (payable to 'Rowlands Castle Golf Club') by 13 July 2018.