



# Junior Open

## Thursday 30<sup>th</sup> May 2024

### FORMAT

18 Hole Medal Play  
95% Handicap Allowance  
Handicap certificates will be required on the day  
Entry Fee: £10.00

### Closing Date: 23<sup>rd</sup> May 2024

Applications will NOT be accepted unless accompanied by a completed parental consent form  
1st Tee Time: 1pm  
Smart casual dress code after play. Golf attire acceptable  
Entrants must be under 18 years of age on 1<sup>st</sup> January 2024  
Open to Members and Visiting Competitors

### INCLUDES

18 Hole Medal Play Tournament  
Burger, Chips & Squash  
Fantastic Prizes  
All ties will be decided by scorecard count back

### PRIZES

1<sup>st</sup> & 2<sup>nd</sup> Scratch  
1<sup>st</sup> & 2<sup>nd</sup> Nett  
Nearest the Pin  
Longest Drive

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### ENTRY FORM

<b>Name</b>		<b>Home Club</b>		
<b>Address</b>			<b>Postcode</b>	
<b>Contact Telephone Number</b>				
<b>Email address</b>				
<b>Home Golf Club</b>				
<b>Exact Handicap</b>				
<b>CDH Number</b>				

Entrance fee payable via bank transfer or phone. Payment is non-refundable, unless the course is closed.  
BACS Sort Code: 208111 A/C No: 90127973 (quoting child's name)  
Tee times will be emailed to the competitor. Please email your form to [sales@amgc.co.uk](mailto:sales@amgc.co.uk)

# ASHFORD MANOR JUNIOR OPEN - Consent Form

Thursday 30th May 2024



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

LIABILITY - Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Ashford Manor Golf Club. The Organiser has undertaken DBS checks.

Health & Safety Legislation Consent Form (juniors). Completed by parent / guardian. Please print clearly

<b>JUNIORS DETAILS</b>	CLUB:
FULL NAME:	HOME TEL NO:
ADDRESS:	MOBILE:
	D.O.B:
EMAIL:	N.H.S. NO:

Please indicate who should be contacted in case of an emergency

PERSON 1:	RELATIONSHIP:
MOBILE:	
PERSON 2:	RELATIONSHIP:
MOBILE:	

Does he/she have any special medical problems? Please provide details of any medication used

CONDITION	YES/NO	MEDICATION
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
Sensitivity to insect bites/stings		
Allergic to foods i.e. nuts/seafood? - Please specify		
Allergic to penicillin or any other medicine. State substitute		
Currently receiving any medical treatment? Please specify		
Indicate any other medical conditions or problems we should be aware of		

DOCTOR	Tel No:
ADDRESS:	

I consent to my son/daughter taking part in the golfing activities under the auspices of Ashford Manor Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise AMGC 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 eventuality every attempt will be made to contact you).

Unless this box is ticked, I permit photographs or videos of my child to be taken for social media and news release purposes by Ashford Manor Golf Club

Parent/Guardian name (captials please)	
Signature	Date: