Junior Open
Sunday 3rd May 2020

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

adidas
GOLF

Sponsored by Adidas and Taylormade

TaylorMade

Tee Times Drawn from 9:30am
White & Red Tees (Girls Receive 2 Equalisation Strokes)
All Competitors must be 18 years or under on the day of the competition

£25 per person

Entries close on Friday 24rd April 2020
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 Ultimate Golf Course Limited and may be post-dated 3rd May
2020

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 competitor | Please return your form to the address below or alternatively email us a
copy of your entry form to admin@sunningdaleheathgolf.co.uk

@sunningdalegc   @GolfShgc   @SunningdaleheathGolfClub

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 2019/2020 season.

Name of Player	
Date of Birth	
Address	…………………………………………………………………………… …………………………………………………………………………… …………………………………………………………………………… ………………………………………………Post Code…………………..…
Home Tel No	
Mobile Tel No	
Email Address	

	Father	Mother
Parents' Names		
Address	……………………………… ……………………………… ……………………………… ……………………………… ……………………………… Post Code:………………......	…………………………….. …………………………….. …………………………….. …………………………….. …………………………….. Post Code:………………….......
Home Tel No		
Mobile Tel No		
Work Tel No		
Email Address		

Emergency Contacts	
Contact 1 Name	
Relationship to player	
Home Tel No	
Mobile Tel No	
Work Tel No	

Emergency Contacts	
Contact 2 Name	
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.

……………………………………………………………………….

……………………………………………………………………….

Does your child have any allergies?

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

……………………………………………………………………….

……………………………………………………………………….

Does your child have any specific dietary requirements?

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

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DISABILITY

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 to be used by Sunningdale Heath Golf Club for promotional purposes and on the website and social media.

Yes [ ] No [ ]

I permit video and film footage of my child to be taken to be used by Sunningdale Heath Golf Club for promotional purposes, on the website and social media.

Yes [ ] No [ ]

Signed – Parent/Guardian	
Print name	
Date	