

# Corhampton Golf Club



## Junior Open

**Thursday 16 April 2020**

Sponsored by



Part of the Hampshire Junior Boys Golf Tour

18 holes from 9am

18 holes strokeplay, prizes for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> gross and nett

Nearest the pins, longest drive prizes

Prize presentation after play

£15 entry fee, including lunch

Maximum handicap: 28 boys, 36 girls

Boys play from white tees, girls from reds

**Entries close 31 March 2020\***

\*Open to juniors under the age of 18 on 1 January 2020

Enquiries to: Matthew Tryhorn, Junior Organiser  
Telephone: 01489 877638

# Corhampton Golf Club



## Entry Form

Name: .....

Golf Club:.....

DoB..... Handicap .....

CDH No: .....

Contact details:

Telephone: .....

Email: .....

**Please return entry to: [secretary@corhamptongc.co.uk](mailto:secretary@corhamptongc.co.uk)**

The Secretary  
Corhampton Golf Club  
Shepherds Farm Lane  
Corhampton  
SO32 3GZ

**Please complete the consent form on the pages following:**

Enquiries to: Matthew Tryhorn, Junior Organiser  
Telephone: 01489 877638

FULL NAME		CLUB	
ADDRESS		HOME TEL:	
		MOBILE	
		D.O.B	
EMAIL		NHS NUMBER	
PLEASE INDICATE WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY			
NAME		RELATIONSHIP	
HOME TEL NO:		WORK TEL NO	
MOBILE		EMAIL	
ALTERNATIVE CONTACT		RELATIONSHIP TO CHILD	
DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL PROBLEMS? PLEASE GIVE DETAILS BELOW:			
CONDITION		YES / NO	MEDICATION
DIABETIS			
EPILEPSY			
MIGRAINE			
ASTHMA			
HAY FEVER			
SENSITIVITY TO INSECT BITES / STINGS			
ALLERGY TO FOODS SUCH AS NUTS/ SEAFOOD ETC? IF YES, PLEASE SPECIFY			
TETANUS INJECTION UP TO DATE?			EXPIRY DATE:
CURRENTLY RECEIVING MEDICAL TREATMENT? IF YES, PLEASE SPECIFY DETAILS			
PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS ETC. WE SHOULD KNOW.			
DOCTOR		TEL NO:	
ADDRESS			

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I consent to my child taking part in the golfing activities under the auspices of Corhampton Golf Club which may include occasions when your child may be transported by Officials i.e to remote tee.

In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Corhampton Golf Club 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 such eventuality every attempt would be made to contact you).

I also consent to the use of photographic, video and other images being published solely in relation to the promotion and celebration of the activities of the club in sports websites, newspapers or magazines.

PARENT / GUARDIAN NAME			
SIGNATURE			
DATE:			