



Consent/Membership Form for Torwoodlee Clubgolf Junior Coaching

Clubgolf Membership £25 ☐

Weekly payment £3 ☐

(Tick appropriate box above)

Cheques made payable to 'Torwoodlee Golf Club'

Childs details

Name: _____

Address: _____

Postcode: _____

Telephone: _____

E-mail: _____

Date of birth: _____

Age: _____

Handicap _____

Have you played golf before? Yes / No *

Are you Right / Left * handed?

Allergies / medical conditions

Please list any allergies / medical conditions:

Do you have a disability? YES NO (circle)

Please specify _____

Parent / Guardian details

Name: _____

Emergency Contact Number(s): _____

Email: _____

Parental consent

I agree to my child/children* participating in any or all of the golf coaching sessions listed organised by Torwoodlee Golf Club

In the event of any injury or illness I also authorise the organisers to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe.

Signature _____ Date _____

I consent / do not consent* to my child's picture/video being used for publicity purposes (*delete as appropriate)

Data Protection: Please note that all information gathered is for the sole use of Torwoodlee Golf Club and will not be passed on to any other body and will be regarded as strictly private & confidential.