



Redbourn Golf Club

Girls Open Tournament (Daily Telegraph Qualifier)

SATURDAY MAY 25th 2019

Open to girls under the age of 18 on January 1st 2019 with an official CONGU Competition Handicap of 36 and below. If oversubscribed higher handicaps will be balloted out.

18 hole stroke play event (1st Tee reserved from mid-day)

CDH NUMBER REQUIRED

Gross & Nett Prizes

(No competitor can win more than one main prize)

£25 entry fee includes light meal.

Strictly no caddies, and spectators must remain at a respectable distance.

Visit www.redbournclubjuniors.co.uk from 20/5/19 for start times.

Please return the entry form to:

The Junior Organiser c/o Redbourn Golf Club, Kinsbourne Green Lane, Redbourn, Herts.
AL3 7QA or via email to juniororganiser6@gmail.com

Payment can be made by cheque payable to: **REDBOURN GC JUNIOR SECTION** or via a Bacs payment to Sort code: 20-74-09, Account number 63055485 using 'GJO19 and your surname' as your ref.

CLOSING DATE: Saturday 18th May 2019

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Name _____ DOB _____ H/cap _____

CDH id No _____ Golf Club _____

Email address _____

Postal address _____

Post code _____ Telephone _____



PARENTAL CONSENT FORM

This form is to be signed by the legal guardian of a child under the age of 18.

Please note that if you have more than one child registered you will need to complete separate forms for each.

Redbourn Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent.

We will take steps to ensure all images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the Redbourn Golf Club Junior Section and will only be used on our official social media pages and in local newspapers and publications as and when we can.

To be completed by parent/guardian

I _____ (Parent full name) consent to Redbourn Golf Club Juniors photographing or videoing _____ (name of child) under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and I am entitled to give this consent.

Signature _____ Date _____

Medical Information

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: _____

I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those above. I hereby give permission for the Club's medically responsible person to give the 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.

Signature _____ Date _____