



HILLS WILTSHIRE JUNIOR GOLF CHAMPIONSHIP 2017

Wednesday 23 August 2017

Name:

Address:

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Postcode:

Tel:

Email:

Club:

Handicap CDH Number Date of birth:

I wish to enter for:

- a) The 18 hole medal (£10.00 entry fee)*
- b) Short course 9 hole competition (£10.00 entry fee)*

All competitors in the short course competition to be supervised by a parent/guardian during their round.

All competitors will be provided with a light lunch.

Signed

Please remember to sign the consent form and photo permission form on the reverse and return this form by Friday 11 August 2017 to:

Monique Hayes
 The Hills Group Limited
 Wiltshire House
 County Park Business Centre
 Shrivenham Road
 Swindon SN1 2NR

*Cheques payable to 'The Hills Group Limited'

Daily Telegraph Qualifier





PARENTAL CONSENT FORM

Wiltshire County Golf Union (WCGU) and Wiltshire Ladies Golf Association (WLCGA) are dedicated to the welfare of children in the sport of golf at all times. Children within squads and at competitions will be in the custody and care of voluntary persons registered with WCGU/WLCGA. It is therefore necessary to have the written consent of the Parent or Guardian to entrust the welfare and discipline of their child to the nominated volunteers.

Name of Child/Young Person -----

First Line of Address -----

Post Code -----

Date of Birth -----

MEDICAL INFORMATION

Doctors Name -----

Doctors Address -----

NHS Number -----

Please advise us of any medical conditions or allergies of which we should be aware.

Allergy / Condition	Prescribed Medication	Comment

Additional Information -----

I authorise the Wiltshire County Golf Union/Wiltshire Ladies County Golf Association to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre where necessary.

I hereby consent to my child being placed in the care and custody of suitably qualified persons nominated by WCGU / WLCGA whilst participating in golfing activities and, where applicable, in transporting to and from such events. I further consent to photographic records being taken by an accredited person, to establish historic records of events.

SIGNATURE of ----- Date -----
Parent or Guardian

NAME in Block Capitals -----

Contact Tel: Home ----- Work ----- Mobile -----

Email -----