



JUNIOR REGISTRATION AT ORKNEY GOLF CLUB

1 Personal Details

Name
Address
Postcode
Telephone Mobile
Email Gender
Date of Birth Age

2 Medical Information

Please detail any important medical information that our coaches/helpers should be aware of (e.g. asthma, epilepsy, diabetes, etc)

3 Parent Contact Details

Name
Contact Number Mobile Number
E-mail
We propose to send newsletters by e-mail would you prefer letters by e-mail or post

4 Emergency Contact Details - In the event we cannot contact parent /guardian

In case of an incident/accident we should contact
Name
Relationship
Contact Number

Consent for use of cameras:

I also give permission for photographs/videos to be taken of her/him. YES/NO

Name Parent/Guardian

Signature Date