



# STROKESTOWN GOLF CLUB



## Junior Membership Application

**I wish to apply for membership of Strokestown Golf Club:**

- 1. Junior under 12 years on 1<sup>st</sup> January ..... Fee €30**
- 2. Junior under 18 years on 1<sup>st</sup> January .....Fee €60**

**Applicants Name:** \_\_\_\_\_ (Male/Female)

**Parent/Guardian name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Eircode:** \_\_\_\_\_

**Parents Mobile: 1.** \_\_\_\_\_ **2.** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parents Email :** \_\_\_\_\_@\_\_\_\_\_

### MEDICAL/BEHAVIOURAL INFORMATION

\_\_\_\_\_

### PARENTAL/GUARDIAN CONSENT

I am the Parental/Guardian of \_\_\_\_\_ I hereby consent to the above child participating in the game of golf at Strokestown Golf Club in line with its Code of Ethics for Golf for Young People. I will inform the leader of any changes in the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities. I understand that photographs may be taken during or at golf related events and may be used in the promotion of Strokestown Golf Club. If selected for representative teams, I confirm I am happy with the travel arrangements the club will arrange for my child. I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior coaching, matches and competitions.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Proposer:** \_\_\_\_\_ **Seconder:** \_\_\_\_\_

*Proposer and Seconder must be current members of Strokestown Golf Club*

**Previous Club (if any):** \_\_\_\_\_

**Previous Handicap (if any):** \_\_\_\_\_ **Membership No.** \_\_\_\_\_