



Temple Golf Club, Henley Road
Hurley, Nr Maidenhead, Berks SL6 5LH

Telephone: 01628 - 824795
E Mail: secretary@templegolfclub.co.uk

APPLICATION FORM FOR JUNIOR/COLT/INTERMEDIATE MEMBERSHIP**
(Subject to the Rules of Temple Golf Club)

Surname of Candidate:		Forenames:	
Home Address: Post Code:		Date of Birth:	
Home Tel No: Mobile Tel No:..... E Mail Address:.....		Category required: Junior: Under 14* Junior: 14 - 18* Colt (19 – 24)* Intermediate (25 - 29)*	
Name of School*/University*/Employer*: Address: Post Code: Tel No:.....		Other Sports Played:	
Is Priority of Election claimed? Yes/No**		Reason:	
Name of Proposer: Signature:		Candidate known for..... years	
Name of Seconder: Signature:		Candidate known for.....years	
Golf Clubs of which Candidate is, or has been a member (with dates):			
Present Handicap:			
Date of Proposal:		Signature:	

FOR CLUB USE ONLY

Date received:	Date membership to commence:	
Interview Date:		

* Delete as necessary

Please see accompanying notes overleaf:



Notes:

1. Junior membership is usually for those aged between fourteen and eighteen years of age. In exceptional circumstances and on a case by case basis, the Board of Directors may approve an application from a candidate under the age of fourteen who is in possession of a bona fide handicap or shows exceptional golfing promise.
2. Junior members under the age of fourteen **are not permitted to use the golf course unaccompanied.** Parents are requested to ensure that arrangements are made for their sons or daughters aged under fourteen to be accompanied whilst playing on the golf course, either by a fellow golfer or non-golfing parent. We also ask that those under fourteen notify either the Secretary's Office or the Professional's Shop on arrival at the Club. It is also advisable for either the Junior member or his/her parents to check the diary of events at the Club in advance of any planned visit.
3. Junior membership continues until the beginning of the Club year in which you reach the age of eighteen. The Club year is 1 August – 31 July annually. The natural membership progression is from Junior through the Colt (ages nineteen to twenty-four) and the Intermediate (ages twenty-five to twenty-nine) categories.
4. There are two types of Colt and Intermediate membership, one for those in full time education and one for those in employment.
5. **Please inform the Secretary's Office of any medical conditions or allergies that Temple Golf Club should be aware of e.g. Asthma, Epilepsy, Diabetes, Heart Condition, Allergic Reactions to Insect Bites and/or Stings and details of medication etc**



JUNIOR GOLFER INFORMATION FORM (UNDER 18)

The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent/guardian to notify the Club Welfare officer or Junior Organiser if any of the given details change at any time.

Child's Name:	
<i>Date of Birth:</i>	
<i>Address:</i>	
<i>Telephone No:</i>	

Parents' Names:	Father	Mother
<i>Address:</i>		<i>(If different)</i>
<i>Home Telephone No:</i>		
<i>Mobile Telephone No:</i>		
<i>Work Telephone No:</i>		

Emergency Contacts:		
Contact 1 Name		
<i>Relationship to child</i>		<i>Home Telephone No</i>
<i>Mobile Telephone No</i>		<i>Work Telephone No</i>
Contact 2 Name		
<i>Relationship to child</i>		<i>Home Telephone No</i>
<i>Mobile Telephone No</i>		<i>Work Telephone No</i>

1. Medical Information

<i>Child's Doctor's name</i>	
<i>Doctor's Surgery Address</i>	
<i>Telephone No</i>	

2. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No * If yes please give details, including medication, dose and frequency.

3. Does your child have any allergies?

*Yes No *If yes please give details.

4. Does your child have any specific dietary requirements?

*Yes No *If yes please give details.

5. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’

Do you consider your son/daughter to have a disability? *Yes No

***If yes what is the nature of your disability?**

- Visual impairment Hearing impairment Physical disability
- Learning disability Multiple disabilities
- Other (Please specify):

6. **Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.**

I _____ being the parent/authorized guardian of the above named child:

- **Confirm that to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.**
- **Agree to notify the Club Welfare Officer of Temple Golf Club should the above details need to be updated/changed and if my son/daughter should not be participating in an event/activity due to illness or injury.**
- **Hereby give permission for the Club Welfare Officer of Temple Golf Club (Keith Adderley - 01628 824795), the Junior Organiser (Paul Richardson – 01628 483552) or their authorized representatives, to give the immediately necessary authority on my behalf for emergency medical or surgical treatment recommended by competent medical authorities. This permission is applicable in cases when it would be contrary to my child’s interest, in the competent medical authority’s opinion, for any delay to be incurred by seeking my personal consent.**
- **Do/do not** (delete as appropriate) consent to Temple Golf Club photographing or videoing my child so long as any photographs and/or video footage are used either for instructional purposes or to promote or celebrate the activities of Temple Golf Club.**
- **I agree/ do not agree** (delete as appropriate) to the name and home telephone number of my child appearing in the club diary**

Signed – Parent/Guardian	
Print name	
Date	