



Junior Membership Form

Junior membership is for those aged between ten and eighteen years of age. The natural membership progression is from **Junior** through the **Colt** (ages nineteen to twenty-four) and **Intermediate** (ages twenty-five to twenty-nine) categories.

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 ten, who is in possession of a bona fide handicap or shows exceptional golfing promise.

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 child(ren) to be accompanied whilst playing on the golf course by a fellow golfer or non-golfing parent. Junior members should book-in at the Professional's Shop on arrival at the Club.

We advise that either the Junior member or parents check the diary of events at the Club in advance of any planned visit. All Junior Members are subject to the Rules of Temple Golf Club.

The Club year runs annually from 1st August to 31st July and if a junior member is 17 or under on 1st August then that member will remain a Junior for the ensuing Club year.

Please ensure that any medical conditions and allergies are advised to the Secretary's Office. e.g. asthma, epilepsy, diabetes, heart conditions, allergic reactions to insect bites and/or stings and medication required. It is the responsibility of the parents and Junior member to make sure that this information is accurate and up to date.

For more information please email
secretary@templegolfclub.co.uk
or call **01628 824 795**

www.templegolfclub.co.uk | [f TempleGolf](https://www.facebook.com/TempleGolf) | [@TempleGC](https://twitter.com/TempleGC)

Temple Golf Club | Henley Road | Hurley | Berkshire | SL6 5LH

Application Form for Junior Membership

Please Select Category			
Junior: 10 & under (£70)		Junior: 11 - 13 (£140)	
		Junior: 14 - 18 (£280)	

Surname: _____ Forname(s): _____

D.O.B: _____

Home Address: _____

Postcode: _____

Tel No: _____ Mobile No: _____

Parents Email: _____

Name of School: _____

Tel No: _____ Other Sports played: _____

Golf Clubs you have been a member of or currently are (with dates): _____

Present Handicap: _____ CDH No (if applicable): _____

Date of Proposal: _____ Signature: _____

Under General Data Protection Regulations, parents are required to positively opt-in to receive communications from us regarding special offers, events and information relating to the Club.

We collect your personal data/information to operate our Club effectively and to service your membership. Please tick the items below that you are happy to opt-in to.

- | | |
|---|--|
| <input type="checkbox"/> 'In Touch' with Temple | Fortnightly Electronic Newsletter detailing events at your Club |
| <input type="checkbox"/> Tailored Shorts | Periodic golf related email |
| <input type="checkbox"/> Social Media | Facebook, Twitter, Instagram etc |
| <input type="checkbox"/> Contact Details | These will be made available to other members for golfing purposes only |
| <input type="checkbox"/> Club V1 Members Hub | Members Website and App - <i>you will need to register for this service</i> |
| <input type="checkbox"/> Howdidido | Access to handicap details & competition results - <i>you will need to register for this service</i> |
| <input type="checkbox"/> BRS | Electronic Tee Booking System - <i>you will need to register for this service</i> |
| <input type="checkbox"/> Photographs/Videos | Possible use of your image for either instructional or marketing purposes |

Date Received:	Date Membership to Commence:
Membership Card No:	

Junior Golfer Information Form

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 details given change at any time.

Child's Name:
Address:
Tel No:

PARENT'S DETAILS		
Name + Relationship		
Address		
Home Tel No*		
Mobile No*		
Work Tel No*		

EMERGENCY CONTACTS		
Name		
Relationship to Child		
Home Tel No*		
Mobile No*		
Work Tel No *		

* Please indicate preferred Contact Number

MEDICAL INFORMATION

Child's Doctor's Name:
Doctor's Surgery Address:
Doctor's Tel No:

1. Does your child experience any conditions requiring medical treatment and/or medication? ☐ YES* ☐ NO

Details:

2. Does your child suffer from any allergies? ☐ YES* ☐ NO

Details:

3. Does your child have any specific dietary requirements? ☐ YES* ☐ NO

Details:

4. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting/access, regular snacks etc? ☐ YES* ☐ NO

Details:

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.

5. Do you consider your son/daughter suffers from any disability. ☐ YES ☐ NO If so what is the nature of it?

- | | | |
|--|--|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Multiple Disabilities (please specify): | |
| <input type="checkbox"/> Other (please specify): | | |

* If Yes, please provide details including medication, dose and frequency

6. Does your son/daughter have any communication needs e.g. non-English speaker, has a hearing impairment, is a sign language user or suffers from dyslexia etc? If yes, please tell us what we need to do to enable them to communicate with us fully.

YES

NO

If yes, details:

I _____ being the parent/authorised 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 (Will Milligan 07870 620625 or feethams@hotmail.com) or their authorised 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.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Accompanying Notes

1. Temple Golf Club is a private members golf club situated on land leased to the Club by the Temple Golf Course Trust. The current lease expires on 28 September 2027.
2. PRIVACY POLICY: Your privacy is very important to us and we will not pass any of your details to external third parties.
3. For more detailed information on our Privacy Policy please contact us or visit [www.templegolfclub.co.uk/Privacy and Cookie Policy](http://www.templegolfclub.co.uk/Privacy%20and%20Cookie%20Policy)

Thank you for your application.