



JUNIOR ACADEMY APPLICATION

APPLICANT

Surname: Forenames:

Male Female Date of Birth:

Address:

Post Code:

Home telephone: Parent's mobile no.:

Parent's email address:

Applicant's mobile (if applicable):

Applicant's email address (if applicable):

Where did you hear about Olton's Junior Academy?.....

If Member, Members Name

In case of Emergency	
Name of Contact:	Relationship to applicant:
Tel no of contact:	

I would like to participate in the Junior Academy, at a current cost of £50.00 PA payable to The Olton Golf Club Ltd. I agree to abide by the Olton Golf Club Junior Code of Conduct.

Signed: Date:

CONSENT By signing this form I hereby confirm the following: -

- I am the adult responsible for the child named at the top of this form.
- I acknowledge that Olton Golf Club is not responsible for providing adult supervision for my child except for the period of time whilst they are taking part in the Academy training.
- I, being the parent or legal guardian of the child named on the front of this form, hereby give permission for the event organiser or other responsible person from Olton Golf Club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where medical opinion is that it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent.

Name (Please print): Signature:

Date:

Please return form to assistantsecretary@oltongolfclub.co.uk or hand in to ProShop