

ASHBURNHAM GOLF CLUB



JUNIOR OPEN

on

Monday 9th April 2018



Please contact the Manager on 01554 832269 for more information



ASHBURNHAM GOLF CLUB



JUNIOR OPEN

ENTRY FORM

Monday 9th April 2018

(Please complete in BLOCK LETTERS)

Full Name

Address

.....

..... Post Code.....

Home Telephone Number.....

Mobile.....

E-mail.....

Club.....

Handicap.....Date of Birth.....

CDH Number.....

Entry Fee - £10.00 per person including a meal (please inform us of any dietary requirements here:.....

.....

I enclose cheque/P.O. for £ .00 in payment of Entrance Fee
(Cheques to be made payable to Ashburnham Golf Club)

Signature..... Date.....

Entries to be sent to
The Manager, Ashburnham Golf Club, Cliffe Terrace, Burry Port, SA16 0HN
(Tel: 01554 832269 E-Mail: admin@ashburnhamgolfclub.co.uk)

EVENT CONDITIONS: JUNIOR OPEN 2018

ASHBURNHAM GOLF CLUB

1. Format: Boys, handicaps 0 – 18, stableford, white tees, 18 holes
Boys, handicaps 19 – 36, stableford, yellow tees, 18 holes
Girls, handicaps 0-36, stableford, red tees, 18 holes
Mixed, handicaps 37-54, stableford, red tees, 12 holes
2. Eligibility: For boys and girls who are under the age of 18 on the 1st January 2018.
3. Starting Times: Unless otherwise stipulated, tee times will commence at 08:00. Starting times and associated player information will be circulated via e-mail in advance of the competition date. If you prefer to receive starting times by post please provide a stamped addressed envelope.
4. Entries: Entry into the Junior Open 2018 can be made by completing the enclosed entry form and returning to The Secretary, Ashburnham Golf Club, Cliffe Terrace, Burry Port, SA16 0HN. The entry fee for this event is £10.00 (includes competition entry and lunch after play). Please make cheques payable to Ashburnham Golf Club. Entries are accepted on a first come first served basis.
5. Parental Consent Form: Please ensure your entry form is returned with the enclosed parental consent form. Please note that we are unable to accept any entry that is not accompanied by this form.
6. Caddies: No caddies allowed. Parents, or accompanying adults can walk around with junior competitors, in both 18 and 12-hole categories, but at a distance of at least 25 metres behind them.
7. Cancellations: We regret that no refunds will be given if a cancellation is made after Monday 2nd April 2018.
8. Local Rules: Applicable local rules are as printed on the scorecard provided on the day. Any additions or changes to these local rules will be notified to competitors on the day of the competition.
9. Results/prize presentation: The results /prize presentation will be presented as soon after the last card has been returned. In the event of a tie, a decision will be made on count-back.
10. Committee: This competition is organised by the Council of Ashburnham Golf Club who will rule on any disputes that may arise and their decision shall be final.
11. Distance Measuring Devices: A player may obtain distance information by using a device that is designed to measure or gauge distance only.
12. Closing Date for Entries: Sunday 1st April 2018





ASHBURNHAM GOLF CLUB
CLIFFE TERRACE
BURRY PORT
CARMARTHENSHIRE
SA16 0HN

TEL: 01554 832269

FAX: 01554 836974

E-MAIL: admin@ashburnhamgolfclub.co.uk
www.ashburnhamgolfclub.co.uk

Junior Profile and parental Consent Form – Ashburnham Golf Club

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so 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 to notify Ashburnham Golf Club if any of the details change at any time.

I.....
(Parent/Guardian name) confirm that my child named below has my permission to compete in this event and to be on the premises of Ashburnham Golf Club.

CONTACT DETAILS :

Competitor's name (please print):

Emergency contact name and telephone number (on day of event):

DISABILITY/MEDICAL INFORMATION

Do you consider your child to have a disability, or a medical condition? (Please tick)

Physical	<input type="checkbox"/>
Learning Sensory	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>
Prefer not to identify	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please indicate below any health related matters or anything else we should know about, e.g. asthma/allergies. Any information given will be treated in the strictest of confidence. However, please be aware that this information will be passed onto the medical emergency services should the need arise:-

Additional information (if required):

Medical Conditions:

Name of competitor's Doctor/GP:

Doctor's/GP's practice telephone number:

I, being the parent/guardian or the above-named child, hereby give permission for any person having responsibility for the Ashburnham Golf Club's Junior Open Day to give the immediately necessary authority, on my behalf for any medical, or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's/ward's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed..... Parent/Guardian

Date.....

PHOTOGRAPHY CONSENT FORM

Please help us safeguard your children.

This form is to be signed by the parent, or legal guardian of a child, under the age of 18, together with the child.

Ashburnham Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images, or other images of your child to be taken, or used without your consent.

Ashburnham Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

The Ashburnham Golf Club will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the club.

If you become aware that these images are being used inappropriately you should inform the Golf Club's Welfare Officer immediately.

The photographs may be available on the club website.

I (Parent/Guardian full name) consent to the
photographing or videoing of my child/ward(Name of child)
during this event under the photography policy of Ashburnham Golf Club.

I confirm that I am the parent/guardian of this child.

Parent/Guardian Signature..... Date.....

I..... (Junior full name) consent to be
photographed or videoed during this event under the photography policy of the
Ashburnham Golf Club.

Player Signature..... Date.....