## **ASHBURNHAM GOLF CLUB**



## **JUNIOR OPEN**

A Dyfed Golfing Union Order of Merit Event &

Telegraph Junior Golf Championship Qualifier

on

Monday 15<sup>th</sup> April 2019



Please contact the Manager on 01554 832269 for more information

# PShburnham 1894 Golf Club

## ASHBURNHAM GOLF CLUB ASHBURNHAM

## JUNIOR OPEN





### Monday 15<sup>th</sup> April 2019

## EVENT CONDITIONS: JUNIOR OPEN 2019 ASHBURNHAM GOLF CLUB

1. Format: Boys, handicaps 0 – 24, medal white tees, 18 holes

Boys, handicaps 25 – 36, stableford, yellow tees, 18 holes

Girls, handicaps 0-36, medal, 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 1<sup>st</sup> January

2019.

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 2019 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 8<sup>th</sup> April 2019.

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 7<sup>th</sup> 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 any of the details change	of the junior and their parent to notify Ashburnham Golf Club i ge at any time.
•	e) confirm that my child named below has my permission to
compete in this event a	and to be on the premises of Ashburnham Golf Club.
<b>CONTACT DETAILS:</b>	
Competitor's name (ple	ease print):
Emergency contact nar	me and telephone number (on day of event):
DISABILITY/MEDICAL	
•	child to have a disability, or a medical condition? (Please tick)
Physical	
Learning Sensory	
Wheelchair user	
Prefer not to identify	
Other	

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 requi	ired):			
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Medical Co	onditions:				
Name of co	ompetitor's Doctor/0	ÇD.			
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		ne number:			
Doctor's/G	P's practice telepho	nie namber.			
Doctor's/G	P's practice telepho	one namber.			
Doctor's/G	P's practice telepho	nie number.			
Doctor's/G	P's practice telepho	The Humber.			
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#### 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 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