

## SELBY GOLF CLUB

### APPLICATION FOR JUNIOR MEMBERSHIP



**SELBY GOLF CLUB LTD**

**Junior Section**

**Brayton Barff**

**Selby**

**North Yorkshire**

**YO8 9LD**

**Telephone**

01757 228622

**Email**

secretary@selbygolfclub.co.uk

**Website**

www.selbygolfclub.co.uk

**Junior Organisers:**

Keith Sawden

Dean Goodall



<b>Name</b>	
<b>Date of Birth</b>	
<b>Male or Female</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Home Phone No.</b>	
<b>Mobile Phone No.</b>	
<b>Work Phone No.</b>	
<b>Parent/Guardians Names</b>	
<b>Relationship to child</b>	
<b>Address (if different from above)</b>	
<b>Post Code</b>	
<b>EMERGENCY TELEPHONE NUMBERS</b>	
<b>CONTACT 1 Name</b>	
<b>Relationship to Child</b>	
<b>Home Phone Number</b>	
<b>Mobile Phone Number</b>	
<b>Work Phone Number</b>	
<b>Email Address</b>	
<b>CONTACT 2 Name</b>	
<b>Relationship to Child</b>	
<b>Home Phone Number</b>	
<b>Mobile Phone Number</b>	
<b>Work Phone Number</b>	
<b>Email Address</b>	
<b>School attended</b>	

Email address \_\_\_\_\_

Junior Member's signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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<b>Golfing Experience</b>	
<b>Has your child played any golf in the past?</b>	Yes  No
If yes , please give details	
<b>Has your child attended The Academy at Selby Golf Club?</b>	Yes  No
<b>If yes, one of the Club Professionals to sign and date the form here:</b>	

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Medical Information	
Child's Doctor's Name	
Doctor's Surgery Address	
Post Code	
Telephone Number	
Does your child experience any conditions requiring medical treatment and/or medication?	Yes No
If yes , please give details	
What additional needs, if any, does your child have? (e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks)	
Does your child have any allergies?	Yes No
If yes , please give details	
Does your child have any special dietary requirement	Yes No
If yes , please give details	
<small>The Disability Discrimination Act 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 on normal day to day activities</small>	
Does your child have any communication needs e.g. non-English-speaker / hearing impairment / sign language user, dyslexia?	Yes No
If yes please tell us what we need to do to enable him / her to communicate with us fully.	

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### APPLICATION FOR JUNIOR MEMBERSHIP

I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above

- I agree to notify the County / Club of any changes
- I \_\_\_\_\_ being parent / guardian of the above named child, hereby give my permission for the County / Club responsible person 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 interest, in the Doctors medical opinion, for any delay to be incurred by seeking my personal consent.
- The attached signature will denote that my child has my permission to be on the Golf Club premises (please tick if agreed)
- I acknowledge the Golf Club is not responsible for providing adult supervision for my child except for formal Junior coaching, matches or competition please tick if agreed)
- I also agree to my child being transported by Golf Club representatives when he/she is representing the Golf Club (please tick if agreed)

**Signed** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_/ \_/ \_



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## SELBY GOLF CLUB

### APPLICATION FOR JUNIOR MEMBERSHIP

#### Permission for the Use of Photographs & Recorded Images

This form is to be signed by a legal guardian of a child under the age of 18, together with the child. Please note that if you have more than one child registered you will need to complete separate forms for each.

Selby Golf Club recognises the need to ensure the welfare and safety we will not permit photographs, video images or other images of your child to be taken or used without your consent. Selby Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures. Selby 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 Selby Golf Club.

#### **IF YOU BECOME AWARE THAT ANY IMAGES ARE BEING USED INAPPROPRIATELY YOU SHOULD INFORM THE JUNIOR ORGANISER**

The photographs may be available on the club website

<http://www.selbygolfclub.co.uk>

If at any time either the parent/guardian or child wishes the images to be removed from the website, 7 days' notice must be given to the Junior Organiser after which they will be removed.

I give consent to Selby Golf Club to photograph or video my child's involvement in golf under the stated conditions (please tick to give consent)

Signed Parent / Guardian\_\_\_\_\_

Signed Junior Member\_\_\_\_\_

*This Document is a Legal Requirement for Membership of any Golf Club Junior Section at a Member Club of the English Golf Union. All details are held securely in the Club offices. Should you wish to view any details we hold on your child please write to the Club Secretary*



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## **SELBY GOLF CLUB**

### **APPLICATION FOR JUNIOR MEMBERSHIP**

#### **CODE OF CONDUCT FOR JUNIOR MEMBERS**

- Help create and maintain an environment free from fear or harassment.
- Demonstrate fair play and apply golf's standards both on and off the course.
- Understand that you have a right to be treated as an individual.
- Respect the advice you receive that promotes the concept of a balanced attitude.
- Treat others as you would wish to be treated yourself.
- Respect physical, cultural and racial differences.
- Challenge or report if you observe any form of discrimination and prejudice.
- Look out for yourself and the welfare of others.
- Speak out if you consider that you or others have been poorly treated.
- Report behaviour that appears to fall below the expected standards of Selby Golf Club.
- Be organised and on time.
- Tell someone in authority if you are leaving a venue or competition.
- Accept that these guidelines are in place for the well-being of all concerned.
- Treat Organisers and Coaches with respect.
- Observe instructions or restrictions required by appropriate members of staff.

#### **YOU MUST NOT TAKE PART IN ANY IRRESPONSIBLE, ABUSIVE OR INAPPROPRIATE BEHAVIOUR WHICH INCLUDES**

- Consuming alcohol, illegal or performance enhancing drugs or stimulants.
- Smoking
- Using foul language on the course or in the clubhouse
- Publicly using critical or disrespectful descriptions of others.

NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_/\_\_/\_\_



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#### CODE OF CONDUCT FOR PARENTS / GUARDIANS

- Encourage your child to learn the rules and play within them.
- Discourage unfair play and arguing with Club Staff
- Help your child to recognise good performance, not just results.
- Never force your child to take part in Golf.
- Set a good example by recognising fair play and applauding the good performances of all.
- Never punish or belittle a child for losing or making mistakes.
- Publically accept officials' judgements.
- Support your child's involvement and help them to enjoy their Golf.
- Use proper and correct language at all times.
- Encourage and guide participants to accept responsibility for their own performance and behaviour.
- Never use threatening or abusive behaviour towards children, officials, coaches or other parents.
- Always notify the Junior Organiser if you will not be attending an event you are expected at or will be late.



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**SIGNED** \_\_\_\_\_

**NAME PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

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