

Applicant's Declaration

I undertake that, if elected as a member of Ardglass Golf Club, I will abide by the rules and by-laws of the Club and pay my subscription (including any levies which may be applied) by the due date.

I have read and understood the Ardglass Golf Club Junior / Juvenile Safeguarding and Child Protection Policy that is available to download from the Club's website, and agree to abide by the guidelines published therein.

I understand that a failure to comply with these guidelines may result in me being removed from all Club activities and dismissed from any and all programmes.

Signed: _____ **Date :** _____

Parental / Guardian Declaration

I have read and understood the Ardglass Golf Club Junior / Juvenile Safeguarding and Child Protection Policy that is available to download from the Club's website, and agree that the applicant should abide by these guidelines while in the care of the Club.

I also understand that a serious or continued breach of these guidelines may result in the applicant being removed from the activities and dismissed from any and all programmes.

Signed: _____ **Date :** _____

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Membership of Ardglass Golf Club in either of these categories is open to any golfer regardless of residency.

*A new member may only be proposed and seconded by a 5, 6 or 7 day member. Either the proposer or seconder **must** be a member of the Club's Council.

Guidance notes on the completion of all application forms can be viewed and downloaded from the link on the Club's website. All applicants. Parents and Guardians are advised to read and familiarise themselves with the guidance.

§This information **must** be provided on behalf of the parent or guardian.§

Except for signatures, this form should be completed in block capitals.



Arðglass Golf Club

Castle Place, Arðglass, Co. Down, Northern Ireland BT30 9TP

Parental/Guardian Consent & Applicant Information Form

Emergency Contact Information

Emergency Contact Individual _____

Contact Telephone Number _____

Alternative Contact Telephone Number _____

Email Address _____

Medical Information Requests

Please give details of any specific medical conditions requiring medical treatment and/or medication.

Please give details of any allergies or medication which should not be administered.

Please give details if the applicant had contact with contagious or infectious diseases within the last four weeks?

Please provide details of any special dietary requirements the applicant may have.

I, _____ being the parent or guardian of the applicant hereby give permission for the activity leader/volunteer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by a competent medical authority where it would be contrary to the applicant's interest in the doctor's medical opinion for any delay to be incurred by seeking my personal consent.

Signed _____ Parent / Guardian

Dated _____

Photograph Permission Request

Do you give permission for photographs of the applicant to be taken when they attend any golf competition and for those to be placed on our website, social media and messaging platforms? YES / NO

Do you give permission for photographs of the applicant to be taken when they attend any golf competition and for those to be placed in local/national press and other media? YES / NO

Do you give permission for the applicant's name to be given to the press, the media or to be used on our website, social media and messaging platforms? YES /

NO

Signed _____ Parent / Guardian

Dated _____

Travel Permission Request

Do you give permission for the applicant to travel with a designated member / volunteer / other parent/guardian to all golfing events? YES / NO

Signed _____ Parent / Guardian

Dated _____

Communication Permission Request

Do you give permission for both your email address and telephone contact details to be passed on to other members of Ardglass Golf Club so as to arrange matches, coaching etc? YES / NO

Do you give permission for both the applicant's email address and telephone contact details to be passed on to other members of Ardglass Golf Club so as to arrange matches, coaching etc? YES /

NO

Do you wish to be added to the Club's marketing list to receive information? YES / NO

Do you wish the applicant's details to be added to the Club's marketing list to receive information? YES / NO

No information will be passed to any third party outside of Ardglass Golf Club.

Signed _____ Parent / Guardian

Dated _____

Applicant’s Golfing History (if applicable)

Is the applicant a past member of Ardglass Golf Club? Yes No
If yes, when did the membership cease _____
and what was their handicap on leaving? _____

Is the applicant currently a member of any other golf club? Yes No
If yes, what is the name of the club _____
and what is your handicap? _____

Does the applicant intend to maintain multiple memberships? Yes No
If yes, nominate the “home” club _____

Is the applicant a past member of another golf club? Yes No
If yes, when did the membership cease, _____
what was the name of the club _____
and what was their handicap on leaving? _____

Overall Consent Request

I confirm that I have received the details of the Club’s activities and consent to the applicant taking part. I acknowledge that the Club will be liable in the event of any accident only if it failed to take reasonable steps in its duty of care for the applicant. I also understand that the staff, designated members, volunteers, other parents and guardians have a common law duty to act in the capacity of a reasonable prudent parent.

I can confirm that I have read and understood the Ardglass Golf Club Junior / Juvenile Safeguarding and Child Protection Policy that is available to download from the Club’s website, and agree that the applicant should abide by these guidelines while in the care of the Club.

I also understand that a serious or continued breach of these guidelines may result in the applicant being removed from the activities and dismissed from any and all programmes.

Signed _____ Parent / Guardian

Dated _____

*If there is insufficient space in any section of this, or the membership application form, you should enclose any other information on additional sheets.

Except for signatures, this form should be completed in block capitals.

Office use only	Received by _____ on _____	Processed by _____ on _____
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