



LILLESHALL HALL GOLF CLUB

Lilleshall Newport Shropshire TF10 9AS

CLUBHOUSE: 01952604776 • FAX: 01952604272 • EMAIL: honsec@lhgolfclub.co.uk

APPLICATION FOR JUNIOR MEMBERSHIP

All information is given in confidence and is subject to Data Protection Legislation.

TITLE and FULL NAME (Capitals please)

.....

ADDRESS

.....

.....

.....

.....

..... POST CODE

Date of Birth

Telephone Mobile.....

E-mail Address

How were you introduced to Lilleshall Hall Golf Club?

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Present Club (If any)

Handicap (If you have one)

PREVIOUS GOLF CLUBS OR GOLFING EXPERIENCE (If any)
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.....

I understand that LHGC may refuse my application

I wish to pay as a single payment by cheque/ credit card.

SIGNATURE DATE

SPONSORS

Your sponsors (IF YOU HAVE ANY) must have been adult playing members of LHGC for 12 months or more.

Prospective members who are new to the area, or to golf, or to this club, can leave this section blank and members of the interviewing team will only be too pleased to act on you behalf. One parent may need to be present at the interview.

PROPOSED BY

Members
Name.....Signed.....Date.....

COMMENTS.....
.....
.....

SECONDED BY

Members
Name.....Signed.....Date.....

COMMENTS.....
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THE CODE OF CONDUCT FOR JUNIORS

Throughout your membership of this Golf Club and of any training scheme (and possible inclusion in a Club team), there are specific responsibilities that you must understand and accept. It is important that both you and your parents understand what these responsibilities are, as you will be bound by them for so long as you remain part of the junior section of Lilleshall Hall Golf Club. You must accept and agree to the following

- To observe, without dissent, all reasonable and relevant instructions and requests made by the Club's Junior Organiser or any other Officer/Official, in charge of specific events or functions. This may include, but is not restricted to, such items as standard of dress, evening curfews, restrictions on the intake of alcohol, etc.
- To advise the Club's Junior Organiser in of any medical condition which might significantly affect your participation in training sessions or your standard of play. You must also advise us of any prescribed drugs or medicines that may materially affect your ability to train or play golf safely.
- To demonstrate the highest standard of behaviour and conduct at all times, both on and off the course.
- To behave in a sportsmanlike manner.
- To accept and abide by any travel arrangements and any other reasonable arrangements made for accommodation made on your behalf by Lilleshall Hall Golf Club.
- I understand and agree that in the event of my being in breach of the above standards of conduct, or by acting in a manner deemed by the Club's Junior Organiser or any other Officer/Official, in charge of specific events or functions to be prejudicial to the reputation of Lilleshall Hall Golf Club, then I shall render myself liable to be sent home immediately.
- I agree to accept, at all times, the terms and conditions detailed above, together with all reasonable instructions and requests made of me by the Club's Junior Organiser or any other Officer / Official, in charge of specific events or functions .

Signature of Applicant

.....Date.....

Name(in block letters)

PARENTAL CONSENT and MEDICAL INFORMATION

All information is given in confidence and is subject to Data Protection Legislation.

Please complete in capitals

Name

Address

.....

.....Post Code

Telephone No's.

Home.....Work.....Mobile.....

In caring for the best interest of your son or daughter it is important that Lilleshall Hall Golf Club know whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind, either of which my materially affect their membership of LHGC.

Please indicate below, **in confidence**, any health related matters including injuries of any kind, which you think it is best we know about, and details of any prescribed medicine and dosage or of any special dietary requirements.

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My son/daughter is in good health in as far as it affects his/her membership and I consent to him/her participating in events and activities organised by Lilleshall Hall Golf Club.

I consent to my son/daughter receiving urgent medical treatment, as necessary, when the treatment is prescribed by a qualified medical practitioner.

NHS Number

His/ Her NHS Doctor is

.....

Address

.....

.....

.....

Post Code.....Phone

Number.....

I understand and agree, that my son or daughter be bound by the **CODE OF CONDUCT** whilst a member of Lilleshall Hall Golf Club, including their participation in any training scheme and/or whilst representing the Club's team, and do hereby release Lilleshall Hall Golf Club and its representatives from all liability and/or claims for illness, injuries and damage that may arise directly or indirectly as a result of my son or daughter breaching the conditions detailed above.

Signature of parent or guardian

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Name (in capitals).

.....

Date

IN THE EVENT OF ANY **MAJOR** CHANGES TO THE ABOVE INFORMATION,
PLEASE NOTIFY THE JUNIOR ORGANISER, LILLESBALL HALL GOLF CLUB.
TEL. 01952 604776.