



# LILLESHALL HALL GOLF CLUB

**Lilleshall, Newport, Shropshire, TF10 9AS**

Clubhouse: 01952 604776, Email: membersec@lhgolfclub.co.uk

VAT Registration No. 195-2028-65

## 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\* \_\_\_\_\_ Email Address\* \_\_\_\_\_

Telephone No.\* \_\_\_\_\_ Mobile No.\* \_\_\_\_\_

Type of Membership (Tick as appropriate)

<input type="checkbox"/> 12 and under**	<input type="checkbox"/> 13-18yrs**
---	-------------------------------------

How were you introduced to Lilleshall Hall Golf Club? \_\_\_\_\_

Present Club (If any) \_\_\_\_\_

Handicap (If any) \_\_\_\_\_ CDH No. (If any) \_\_\_\_\_

Previous Golf Clubs (If any) \_\_\_\_\_

- I agree to abide by, and comply with, the rules of Lilleshall Hall Golf Club.
- I authorise the Secretary of Lilleshall Hall Golf Club to make enquiries of any club of which I am, or have been, a member to obtain references.
- I understand that LHGC may refuse my membership application.
- I agree to pay my fees annually.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*These must be completed    \*\*Proof of age required    T's & C's apply



# LILLESHALL HALL GOLF CLUB

## Parental Consent & Medical Information

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

Title and Full Name (Capitals please) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Telephone No.\* \_\_\_\_\_ Work Telephone No.\* \_\_\_\_\_

Mobile Telephone No.\* \_\_\_\_\_

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 may materially affect their membership of Lilleshall Hall Golf Club.

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 No. \_\_\_\_\_ NHS Doctor name \_\_\_\_\_

Doctor Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel No. \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Capitals please) \_\_\_\_\_

**In the event of any major changes to the above information, please notify the  
Membership Secretary at Lilleshall Hall Golf Club on 01952 604776 or [membersec@lhgolfclub.co.uk](mailto:membersec@lhgolfclub.co.uk).**

