



LILleshall HALL GOLF CLUB

Lilleshall, Newport, Shropshire, TF10 9AS

Clubhouse: 01952 604776, Email: membersec@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* _____ Email Address* _____

Telephone No.* _____ Mobile No.* _____

Type of Membership (Tick as appropriate)

<input type="checkbox"/>	12 and under**
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<input type="checkbox"/>	13-18yrs**
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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 and Code of Conduct of Lilleshall Hall Golf Club.
- I authorise the Secretary of LHGC 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.
- I give my permission for the club to set my 'contact preferences' within the clubs Intelligent Golf software, such that the delivery of essential Announcements and Update emails is activated.

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

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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.**