



**CANNINGTON GOLF CLUB  
EAGLES' MEMBERSHIP APPLICATION FORM  
(for children aged 5 – 9 years)  
PARENTAL / CARER CONSENT FORM**

**Child's full name** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Post code:** \_\_\_\_\_

**Telephone no:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Post code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home telephone no:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Next of kin:** \_\_\_\_\_ **Date of last Tetanus jab:** \_\_\_\_\_

**Name of child's GP** \_\_\_\_\_ **GP's tel no:** \_\_\_\_\_

The safety and welfare of boys and girls in our care is paramount, and it is therefore important that we are aware of any dietary requirements, known allergies, any conditions requiring medical treatment and / or medication being taken, any medication that cannot be taken or any further information that you consider may be necessary.

**Is this child allowed Penicillin?** \_\_\_\_\_

**Does this child suffer from any serious illness/injury? (please circle)**

1. Asthma    2. Diabetes    3. Epilepsy    4. Other

**Other, please state:** \_\_\_\_\_

\_\_\_\_\_

**Is this child on regular medication? If so what?** \_\_\_\_\_

\_\_\_\_\_

**Other relevant information:** \_\_\_\_\_

\_\_\_\_\_

- I confirm that this child does not suffer from any medical condition other than those detailed.
- I consent to this child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary.
- I agree to be at the pick up / drop off point at the agreed time.
- In the event of any changes to the above information I agree to inform the Cannington Golf Club Junior Organiser (details below).
- I confirm that all details are correct to the best of my knowledge and I am able to give consent for this child to participate in all matches and coaching sessions for which he / she is selected.
- I agree to the Club making arrangements to take photographs for use in golfing press / marketing materials and the use of video by the Club-approved coaches.
- I acknowledge that in junior matches / competitions a junior may play with one or more adults on the course.
- I acknowledge that in adult matches / competitions a junior may play with one or more adults.
- I acknowledge that transporting this child to and from venues is my responsibility. Where I cannot transport this child I agree to him / her being transported by a Cannington Golf Club representative.

**Signature:** \_\_\_\_\_ **Parent / Carer (please circle)**

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please tick  
payment enclosed**

Annual Membership (for children aged 5 – 9 years)

£25

**Please make cheques payable to Bridgwater College.**

**Special Conditions**

1. **You must inform The Golf Manager, in writing if you wish to resign or cancel your membership.**
2. **If you cease to be a member, any outstanding membership fees must be paid in full.**

**MEMBERSHIP WILL FALL DUE ON ANUNUAL ANNIVERSARY DATE**

Full members are exempt from additional green fees for the term of their membership.

Contact: The Golf Manager Telephone: 01278 655050 Email: golfcentre@bridgwater.ac.uk

**Declaration**

**I have read, and agree to abide by, the special conditions stated on this form and the code of conduct, rules and regulations of Cannington Golf Club.**

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

**Date:** \_\_\_\_\_