

STONEHAM GOLF CLUB

JUNIOR OPEN MEETING

MONDAY 6TH AUGUST 2012

**36 Holes Medal incorporating The Daily Telegraph Trophy
Qualifier (Morning Round)
The Hampshire County Boys Junior Tour**

Open to BOYS and GIRLS under 18 years of age on 1st January 2012

Entrance Fee	£19 including lunch
Handicap Limit	Boys 28 & Girls 36 (plus ONE courtesy shot)
Handicap	CDH Numbers to be provided with application & only 'ACTIVE' handicaps eligible for prizes
Prizes	Scratch and Handicap prizes for 36 holes and morning and afternoon rounds. Competitors may only receive one prize
Dress	Standard golfing attire required. No tee shirts, jeans, or trainers are allowed in the Clubhouse or on the Course
Caddies	No caddies or trolley pullers are allowed as it is a Daily Telegraph qualifier and their rules prohibit it
Closing date	20 th July 2012
Practice rounds	No courtesy practice rounds will be granted.
Notification	A stamped addressed envelope (or e-mail address) should be enclosed for the starting sheet.

To: The Manager, Stoneham Golf Club, Monks Wood Close, Bassett, Southampton, SO16 3TT

First Name:		Surname:		Handicap:	
Male/Female	Date Of Birth:		Golf Club:		
CDH Number					
Address:					
			Tel No:		
E-Mail Address:					
I ENCLOSE A CHEQUE FOR £19 PAYABLE TO STONEHAM GOLF CLUB					
Signed:				Dated:	

Parental Consent Form Has To Be Enclosed For The Application To Be Accepted



Parental Consent Form ~ SGC Junior Open

Player's Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ E-mail: _____

Golf Club _____ Handicap _____

In caring for the best interests of your child, it is important that Stoneham Golf Club knows whether he suffers from any medical condition or illness, or whether they are currently receiving any medical treatment of any kind.

Please indicate below, in confidence, any health related matters, including injuries which you feel may be relevant; including details of any prescribed medicine and dosage; or any special dietary requirements.

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes / No
Migraine	Yes / No	Other (Please specify) _____	
		(use additional sheets if necessary)	

I consent to my child participating in the Junior Open organised by Stoneham Golf Club.

I consent to my child receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

NHS Number: _____ NHS Doctor: _____

Address: _____

_____ Post Code: _____ Telephone No: _____

Name of parent or Guardian: _____

Telephone numbers - Home: _____ Mobile: _____

Signature: _____ Date: _____

- There may also be occasions where your child may need to be carried in the vehicle of one of the club officials ie from a remote tee.

I am happy for this to take place _____ (Please sign)

- There may also be occasions when, to record a victory or significant event a photograph may be taken of your child for recording or publicity purposes. Stoneham Golf Club will ensure that the photographs are only used for the intended purpose.

I am happy for this to take place _____ (Please sign)

THIS INFORMATION WILL ONLY BE MADE AVAILABLE TO THOSE OFFICIALS WHO NEED IT IN THE EXECUTION OF THEIR DUTIES ON BEHALF OF STONEHAM GOLF CLUB

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