

# STONEHAM GOLF CLUB JUNIOR OPEN MEETING

MONDAY 13<sup>th</sup> AUGUST 2018

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 1<sup>st</sup> January 2018

- Entrance Fee: - £20 including lunch
- Handicap Limit: - Boys 28 & Girls 36
- 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: - 29<sup>th</sup> July 2018
- Practice rounds: - No courtesy practice rounds will be granted.
- Notification: - An e-mail address must be supplied for the starting sheet.

**To:** Jayne Wilding, 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:						
<b>I ENCLOSE A CHEQUE FOR £20 PAYABLE TO STONEHAM GOLF CLUB</b>						
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

Please e-mail completed form to: -  
[jayne@stonehamgolfclub.org.uk](mailto:jayne@stonehamgolfclub.org.uk)