



Junior Membership Application Part 1

Thank you for considering membership at Muckhart Golf Club. Please complete the details below so that we can process your child's application. If we can be of any assistance, please let us know.

JUNIOR'S DETAILS

First name _____

Male

Female

Surname: _____

Membership Category:

Under 12

Under 18

Date of Birth: _____

Preferred Home Club: **Muckhart** or state other: _____

CDH Number (if available) _____

Parent/ Guardian's Contact Details (Will be used in case of emergency)

Address (including Postcode)

Contact 1 Name _____ Tel Number _____

Email _____

Contact 2 Name _____ Tel Number _____

Email _____

I would like to know more about Junior Coaching on a Thursday evening YES or NO

*By signing and submitting this application:

- 1 You hereby agree to the terms of the Muckhart Golf Club Articles of Association and Bye-laws.
- 2 You accept the terms of the Muckhart Golf Club Privacy Policy as outlined below.
- 3 You agree to your information being shared with the following golf partners of Muckhart Golf Club for the purposes noted:
 - o Scottish Golf Union (SGU) – for managing your CDH number and WHS handicap
 - o BRS – for on-line booking and member communication
 - o HowDidIDo – for on-line booking and handicap processing
 - o Spond - for organisation of Junior Golfing activities
- 4 PHOTOGRAPHY - you consent to your child being photographed or videoed by persons authorised by the Junior Convenor or the Safeguarding Officer of Muckhart Golf Club. Such video or photographic images might be used for the purposes of tuition, internal Club publications, club website or on club managed social media.

Cont

5 DROPPING OFF AND COLLECTION OF JUNIORS - you agree to drop off/collect your child from their golf session at the designated time. If a child is required to be collected earlier than the designated time, please notify us in advance, preferably in writing.

6 ON SITE SUPERVISION - You acknowledge that Muckhart Golf Club or any volunteer coach will not be responsible for the supervision of your child outside the time of their golf session. Supervision of children is required at all times, in and around the club house, and is the responsibility of each child's parent/guardian.

Signature Parent/Guardian* _____ Date _____

The information provided in this application or thereafter, will be held on file for membership purposes. The Muckhart Golf Club Privacy Policy can be viewed on our website. This explains the following:

- What personal information is collected
- Why personal information is collected
- With whom we might share personal information
- How long we keep personal information
- Security arrangements
- Your rights under data protection legislation

MEDICAL DETAILS - Part 2

I consent to my child receiving medical treatment, emergency or otherwise, which in the opinion of a qualified medical practitioner may be necessary.

Doctor's Name: _____ Doctor's
Tel.: _____
Doctor's Address: _____

Please state below if your child is suffering from a medical condition, including allergies, or is taking regular medication which will affect his or her participation in events organised by Muckhart Golf Club. Details of medication should include dosages and frequency of use. Please also indicate if there are any special dietary needs of which we should be aware or any other circumstances, which may relate to the care of your child.

DISABILITY

Please state below if your son/daughter has a disability about which we should be aware:

