



Ref:

Palmerstown, Athenry, Co. Galway
Telephone: 091-794466
Email: info@athenrygolfclub.net
Website: www.athenrygolfclub.net

JUNIOR MEMBERSHIP FORM (10 – 18)

Name: _____

¹Date of Birth: ____/____/____

Home Address: _____

Home Phone No: _____

Name of Parent/Guardian (1) : _____ Name of Parent/Guardian (2) : _____

Are your parents a member of Athenry Golf Club? 0 () 1 () 2 ()

Work Phone (1) : _____ Work Phone (2): _____

Mobile Phone (1) : _____ Mobile Phone (2) : _____

²Email Address (1) : _____

Email Address (2) : _____

School/ College: _____

Are you currently a member of a Golf Club? Yes / No

If "Yes" please give full details;

Name of Club: _____ Membership Category: _____

Current Handicap: _____ Golf Ireland Number: _____

An authorised copy of your current detailed handicap record from your club's competition and handicap software will be required.

Note: If you plan to be a Dual Member, you will be handicapped at whichever club you play most Qualifying Competitions.

Name of Proposer: (Print) _____ Date: _____

Signature of Proposer: _____

Name of Seconder: (Print) _____ Date: _____

Signature of Seconder: _____

NOTES

1. Each candidate for election MUST be proposed by one voting Member of the appropriate Club and seconded by one voting Member of such Club.
2. A member proposing or seconding a candidate for Membership MUST be a voting Member of at least 3 years standing.
3. A letter from proposer or seconder MUST accompany Application stating their personal knowledge of the proposed candidate.

¹ Copy of Passport/Birth Certificate must be submitted with application to verify date of birth.

² This E Mail address shall be used by the Golf Club to communicate with the Junior member and/or parent/guardian

The safety and welfare of junior members, when in our care, is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

MEDICAL INFORMATION	
Child's Doctor's Name: (Optional) -----	Surgery Address: (Optional) -----
Surgery Telephone Number (Optional) _____	
Medical History Information ----- ----- -----	

Please include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special requirements etc.

Parental / Guardian Consent

- a. I consent to the above child participating in golf activities at Athenry Golf Club in line with the Club's Code of Ethics for Golf for Young People and the Club's Regulations for junior members. You can download this document on the Athenry Golf Club website in the junior section.
- b. I will inform the club of any changes to the information provided above. I confirm that all the details are correct, and I am able to give parental consent for my child to participate in and travel to all activities.
- c. I understand that photographs will be taken during or at golf related events and may be used in the promotion of golf. By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.
- d. I acknowledge that the club is not responsible for providing adult supervision for my child except at formal events and junior golf coaching, matches or competitions.
- e. Overnight Away Trips – If selected for representative teams, I confirm I am happy with the travel and accommodation arrangements the Golf Club may arrange for my child.
- f. The club has a Data Privacy Policy which can be found in the Club Document folder of our Club V1 membership app. Your data will be stored and used in accordance with this policy.

This form must be fully completed and returned to the General Manager.

Signature (Parent/Guardian): _____

Printed Name: _____

Date: _____

Signature of Junior Applicant: _____

Date: _____