



Rushmere Golf Club

JUNIOR OPEN TOURNAMENT

(This competition qualifies for 'Order of Merit')

**Sponsored by Rushmere Golf Club Members
And Rushmere Commoners**

Entry Form

Friday 29th July 2016

Name: Age:

Handicap: Phone No:

Club:CDH Number.....

Cheque made payable to Rushmere G.C. enclosed for £20

PLEASE ENSURE THAT THE PARENT CONSENT FORM
IS COMPLETED (including your full address) THANK YOU

**Entries and cheques to be made payable to Rushmere Golf Club and sent to
Mr R Tawell, Secretary / Manager, Rushmere Golf Club, Rushmere Heath,
Ipswich, IP4 5QQ
Telephone 01473 725648 – E Mail rushmeregolfclub@btconnect.com**

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Parent/Guardian Consent Form

In your child's interests it is important that Rushmere Golf Club is aware if he or she suffers from any illness or medical condition or has any special dietary needs. It is also important that we are able to contact you in an emergency. We ask, therefore, that you please complete the following sections.

Rushmere Golf Club will hold the information given in confidence and you are asked to ensure that any changes are notified to the General Manager immediately.

Name of Junior Date of Birth

Address (CAPITALS)
.....
..... Post Code

Name of Parent/Guardian.....

Contact Numbers Home

Work

Mobile

Medical Details

I consent to my son/daughter receiving medical treatment which, in the opinion of a qualified Medical Practitioner, may be necessary.

His/her NHS number is and his/her registered General Practitioner is:

Name

Telephone No.....

Please state below if your son/daughter is suffering from any medical condition, or is taking regular medication, including dosages and frequency of use, which might affect his/her participation in events organised by Rushmere Golf Club. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances, which may relate to our care or your son/daughter.
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Signature of Parent/Guardian.....Date.....