

STROKESTOWN GOLF CLUB



Junior Membership Application



I wish to apply for membership of Strokestown Golf Club:

1. Junior under 12 years on 1st January Fee €20 plus Golf Ireland Levy (€5)
2. Junior under 18 years on 1st January Fee €50 plus Golf Ireland Levy (€5)

Name: _____ (Male/Female)

Address: _____

Address: _____

Eircode: _____

Parents Mobile: 1. _____ 2. _____

Date of Birth: ____/____/____ Parents Email : _____@_____

MEDICAL/BEHAVIOURAL INFORMATION

PARENTAL/GUARDIAN CONSENT

I am the Parental/Guardian of _____ I hereby consent to the above child participating in the game of golf at Strokestown Golf Club in line with its Code of Ethics for Golf for Young People. I will inform the leader of any changes in the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities. I understand that photographs may be taken during or at golf related events and may be used in the promotion of Strokestown Golf Club. If selected for representative teams, I confirm I am happy with the travel arrangements the club will arrange for my child. I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior coaching, matches and competitions.

Signature of Applicant: _____ Date: ____/____/____

Proposer: _____ Second: _____

Proposer and Second must be current members of Strokestown Golf Club

Previous Club (if any): _____

Previous Handicap (if any): _____ Membership No. _____