



Lamberhurst Golf Club 2024 Junior Open



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Junior Golf CHAMPIONSHIP

A Telegraph Junior Championships Qualifier

Sunday 30th June 2024 - Entry fee £15.00 (includes lunch)

Handicap index limit - Girls 36 / Boys 28

Age limit - under 18 on 1st January 2024

First Prize includes 1 year's Playing Associate Membership*
PLUS prizes awarded over 3 handicap divisions and an ADDITIONAL Girls Division
ALL PRIZES AND TROPHIES DONATED BY LAMBERHURST GOLF CLUB
*Terms & conditions apply

To enter please complete the entry form below and email to assistant1@lamberhurstgolfclub.com or alternatively post your entries to: **Adrian Harris, Lamberhurst Golf Club, Church Road,**

Lamberhurst, Kent TN3 8DT.

Payment Options:

BACS details (please use Ref: **JUNIOROPEN2024**)

Acc Name: Lamberhurst Golf Club Limited **Acc No:** 1166 9189 **Sort Code:** 16 17 32

Card Payments: Please call the Secretary's Office on 01892 890591

Closing date for entries is **Monday 24th June 2024 - No entry fee refunds will be given after closing date.**

Proof of handicap will be required using your CDH Number.

Name..... D.O.B..... / /

Telephone Number..... CDH No

Email address

Home Club Current Handicap

If the above entrant is under 18 years of age on the day of the event, then in accordance with the Lamberhurst Golf Club Child Protection Policy the attached (see overleaf) consent form **MUST** be completed by a parent or guardian.

From time to time we would like to keep you informed about our future events, promotions and competitions. Please tick the box if you do not want us to use the contact details you have provided to send you this information. We will treat your data with respect, will not share with third parties and you can find more details in our privacy policy.

Lamberhurst Golf Club - Junior Parental Consent

All forms need to be signed by parents/guardians

Name of child: _____ Date of Birth: _____

Gender: Male/Female CDH No _____

Address: _____

Postcode: _____

Parents'/Guardians' Names: _____

Home telephone: _____ Mobile: _____

Emergency Contact 1:

Name: _____ Telephone: _____

Emergency Contact 2:

Name: _____ Telephone: _____

Medical Information

1. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No

2. Does your child have any allergies?

*Yes No

3. Does your child have any specific dietary requirements?

*Yes No

*If yes please give details

I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.

- I agree to notify the club should the above details need to be updated/changed and if my son/daughter should not be participating due to illness or injury.
- I, being parent/guardian of the above named child hereby give permission for the Junior Organiser/PGA Professional/Club Official to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Use of Video/Photography

I **do / do not** consent to my child being videoed/photographed in connection with this event.

I understand photographs may be used in publicity.

† - Please delete as appropriate

Signed – Parent/Guardian: _____

Print name: _____

Date: _____

