



Sunningdale Heath

Junior Open

Sunday 3rd October 2021

18 Hole Qualifying Medal Competition
To include Lunch, Scratch & Handicap Prizes

Tee Times Drawn from 9:30am
All Competitors must be 18 years or under on the day of the competition

£30 per person

Entries close on Sunday 26th September 2021

Applications will NOT be accepted unless accompanied by a completed parental consent form

| | |
|---------------|----------------------------|
| Name | Handicap Index: WHS No: |
| Telephone No: | Club: |
| Email: | |

Entry Fee by Bank Transfer Only Details Below:

Ultimate Golf Course Ltd
Metro Bank
Sort Code: 23-05-80
Account Number: 36515864

Payment is non-refundable, unless the course is closed | Entries are limited and will be accepted on order of receipt
Tee times will be emailed to the competitor | Please return your form to the address below or alternatively email us a copy of
your entry form to admin@sunningdaleheathgolf.co.uk

Ultimate Golf Course Limited, Cross Road, Sunningdale, Berkshire, SL5 9RX
Registered in England and Wales | No. 12243769
Telephone: 01344 620507 | Email: admin@sunningdaleheathgolf.co.uk | www.sunningdaleheathgolf.co.uk

@sunningdalegc



@GolfShgc



@SunningdaleheathGolfClub



**PARENT/GUARDIAN MEDICAL & PHOTOGRAPHIC
CONSENT FORMS**

The safety and welfare of Junior golfers in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

PLEASE WRITE CLEARLY

It is the responsibility of the Junior and their Parent/Guardian to notify Sunningdale Heath Golf Club if any of the details change at any time. This document will remain valid for the 2021 season.

| | |
|-----------------------|--|
| Name of Player | |
| Date of Birth | |
| Address |Post Code..... |
| Home Tel No | |
| Mobile Tel No | |
| Email Address | |

| Father | | Mother |
|-----------------------|-----------------|-----------------|
| Parents' Names | | |
| Address | | |
| | | |
| | | |
| | | |
| | | |
| | Post Code:..... | Post Code:..... |
| Home Tel No | | |
| Mobile Tel No | | |
| Work Tel No | | |
| Email Address | | |

| Emergency Contacts | |
|------------------------|--|
| Contact 1 Name | |
| Relationship to player | |
| Home Tel No | |
| Mobile Tel No | |
| Work Tel No | |

| Emergency Contacts | |
|------------------------|--|
| Contact 2 Name | |
| Relationship to player | |
| Home Tel No | |
| Mobile Tel No | |
| Work Tel No | |

Medical Information

| Doctor's Details | |
|-------------------------------|---|
| Player's Doctor's Name | |
| Surgery Address | Post Code:..... Tel No:..... |
| Player's NHS No | |

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

*Yes No *If yes please give details, including medication, dose and frequency.

.....

Does your child have any allergies?

*Yes No *If yes please give details.

.....

Does your child have any specific dietary requirements?

*Yes No *If yes please give details.

.....

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’

Do you consider your child to have a disability? *Yes No

*If yes what is the nature of your disability?

Visual impairment Hearing impairment Physical disability
Learning disability Multiple disabilities

Other (Please specify):.....

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

.....

.....

.....

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify Sunningdale Heath Golf Club should the above details need to be updated/changed and if my child should not be participating in an event/activity due to illness or injury.
- I,, being Parent/Guardian of the above named child, hereby give permission for Sunningdale Heath Golf Club responsible person 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 Child’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

LIABILITY

Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Sunningdale Heath Golf Club.

The Junior Organiser has undertaken DBS checks.

PHOTOGRAPHS, VIDEO and FILM

I permit photographs of my child to be taken to be used by Sunningdale Heath Golf Club for promotional purposes and on the website and social media.

Yes No

I permit video and film footage of my child to be taken to be used by Sunningdale Heath Golf Club for promotional purposes, on the website and social media.

Yes No

| | |
|---------------------------------|--|
| Signed – Parent/Guardian | |
| Print name | |
| Date | |