



SALISBURY & SOUTH WILTS GOLF CLUB



JUNIORS OPEN 2012

Daily Telegraph Qualifier.

Tuesday 14th August

Open to Boys & Girls

◆ **Competition 'A' for The Kimber Cup** ◆
36 Holes Scratch & Handicap Medal
(Handicaps 15 & below).

◆ **Competition B** ◆
27 Holes Stableford
(Handicaps 16 – 28).

◆ **Competition C** ◆
18 Holes Stableford
(Handicaps 29 – 36)

◆ **Competition D** ◆

**For the under 10s without an official handicap –
A 60 Shot Flag competition.**
(Played on the Bibury Course).

£5 ENTRY FEE

**This is a Daily Telegraph Qualifier
and is open to all competitors with an official handicap.**

S&SWGCG JUNIORS OPEN 2012
Tuesday 14th August

Name.....

Handicap.....

Address.....

.....

Post Code

Parents Contact No

Club.....

I would like to enter competition A, B, C or D

.....

Please return to:-

**The Secretary
Salisbury & South Wilts Golf Club
Netherhampton
Salisbury
SP2 8PR**

Or Email: mail@salisburygolf.co.uk

Parental Consent Form

Salisbury & South Wilts Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent. The Salisbury & South Wilts Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

The Salisbury & South Wilts Golf Club will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of Salisbury & South Wilts Golf Club.

To be completed by parent:

I, _____ consent / do not consent to Salisbury & South Wilts Golf Club photographing or videoing under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

Signature:

Date:

Medical Information

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

YES / NO

I, _____, being parent/guardian of the above named child, hereby give permission for the NGB / County / 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.

Signature:

Date: