



BROKENHURST MANOR
G O L F C L U B

Sway Road, Brockenhurst, Hampshire, SO42 7SG

Secretary/Manager: (01590) 623332 ext: 5

E. Mail: secretary@brokenhurst-manor.org.uk

Office: (01590) 623 332 ext:3

Website: www.brokenhurst-manor.org.uk

Junior Open Meeting

Thursday 26th July 2012

18 Hole medal

18 Hole medal

ENTRY FORM

For boys and girls who are under 18 on 1st January 2012

Prizes for Team, Individual Scratch and Handicap + Age Group

Entry fee (including lunch) £22 per individual

(Cheques made payable to Brokenhurst Manor Golf Club)

Please enter individual details and (optionally) teams of three (mixed acceptable)

Also complete the attached Parental Consent Form and return with your entry

Entries will be taken in strict order of receipt

Closing date for all entries is Wednesday 4th July 2012

Starting times will be posted on 13th July 2012

(Start sheet will be sent to e-mail address provided. If you wish to receive it via post, please provide a stamped addressed envelope with your application)

This is a County Order of Merit and Daily Telegraph Qualifying Event

Distance measuring devices are permitted

Forename	Surname	Date of Birth	H/cap	Name of Club	CDH Number	Team Entry Y/N

Telephone: _____

Email: _____

Signed: _____ Junior Organiser/Secretary)



BROKENHURST MANOR
GOLF CLUB

Brokenhurst Manor Golf Club

Sway Road
Brockenhurst
Hampshire, SO42 7SG
Tele: 01590 623332

Email: secretary@brokenhurst-manor.org.uk
Website: www.brokenhurst-manor.org.uk

Junior Consent Form

FULL NAME		CLUB	
ADDRESS		HOME TEL NO.	
		MOBILE	
		D.O.B	
E-MAIL		N.H.S. NUMBER	
WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY?			
NAME		RELATIONSHIP	
HOME TEL. NO.		WORK TEL. NO.	
MOBILE		E-MAIL	
ALTERNATIVE MOBILE		RELATIONSHIP	
ANY SPECIAL MEDICAL PROBLEMS? PLEASE GIVE DETAILS OF ANY MEDICATION USED.			
CONDITION		YES OR NO	MEDICATION
DIABETIS			
EPILEPSY			
MIGRAINE			
ASTHMA			
HAY FEVER			
SENSITIVITY TO INSECT BITES/STINGS			
ALLERGIC TO FOODS SUCH AS NUTS/ SEAFOOD? IF YES, PLEASE SPECIFY			
ALLERGIC TO PENICILLIN OR ANY OTHER MEDICINE? IF YES, PLEASE SHOW SUBSTITUTE NORMALLY USED			
CURRENTLY RECEIVING ANY MEDICAL TREATMENT? IF YES, PLEASE SPECIFY			
TETANUS INJECTION UP TO DATE?			EXPIRY DATE:
PLEASE INDICATE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS YOU FEEL THAT WE SHOULD BE AWARE OF			
DOCTOR		TEL. NO.	
ADDRESS			
<p>I consent to my child taking part in the golfing activities under the auspices of the Brokenhurst Manor Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise Brokenhurst Manor Golf Club or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any such eventuality every attempt would be made to contact you). I also consent to the use of photographic, video and other images being published solely in relation to the promotion and celebration of the activities of the club in sports websites, newspapers or magazines.</p>			
PARENT/GUARDIAN'S NAME (PLEASE USE CAPITALS)			
SIGNATURE:			
DATE:			