



West Hill Golf Club



Brookwood, Surrey, GU24 0BH Tel: 01483 474365 Email: secretary@westhill-golfclub.co.uk

JUNIOR OPEN

Thursday 25th July 2019

18-hole Medal (Scratch) for the West Hill Junior Open Cup Surrey Junior Order of Merit Event

£33.00 per person to include a 2-course lunch

- Prizes: 1st, 2nd, 3rd Scratch and 1st, 2nd, 3rd Handicap. Competitors may only receive one prize.
- Handicap Limit: Boys – 24 and Girls - 30. In the absence of a CDH Lifetime ID an up to date handicap certificate must be produced on the day.
- Tees: Boys from the white tees and girls from the red (the girls receive two courtesy shots)
- Age Limit: Under 18 on 1st January 2019.
- Entry Fee: £33.00 payable to West Hill Golf Club.
- Closing Date: Sunday 7th July 2019, if fully subscribed places will be allocated with lower handicaps prioritised.
- Tee Times: Play will be in the morning, tee times to be advised after closing date.
- Cancellations: No refunds will be made for withdrawals after the closing date, although you may provide a substitute after notifying the Club Secretary.
- Notification: The start sheet will be emailed – if you require a paper copy please send a stamped addressed envelope.
- Dress: Standard golfing attire is required. No tee shirts, jeans or trainers are allowed in the Clubhouse or the course. Clean dry golfing attire is acceptable for lunch, but golf shoes are not allowed in the dining room. Any player not present at the prize giving will forfeit any prize due to them which will be given to the next highest score.
- Caddies/buggies: No caddies/buggies/ Spectators must remain at least 25 metres from the players throughout the competition..

Entry Form JUNIOR OPEN – THURSDAY 25th JULY 2019

(BLOCK CAPITALS)

| | |
|--|-------------------|
| TITLE: NAME (first name & surname): | TEL NO. (home): |
| | TEL NO. (mobile): |
| ADDRESS & POST CODE: | EMAIL: |
| | DATE OF BIRTH: |
| | AGE: |
| CLUB: | HANDICAP: |
| CDH Lifetime ID: | |

Please complete and send the form – either with a cheque for £33.00 made payable to:- West Hill Golf Club or by BACS payment to Sort Code: - 60 09 40 A/C No. 79037615 A/C West Hill Golf Club (Ref Junior/ Your Surname) (If paying by BACS please note this on form) - (**Payment by BACS does not automatically ensure entry**)

The Secretary, West Hill Golf Club, Brookwood, Surrey, GU24 0BH.

WEST HILL GOLF CLUB

JUNIOR CONSENT FORM

| | |
|------------------|--|
| FULL NAME | |
| ADDRESS | |
| HOME TELEPHONE | |
| MOBILE | |
| N.H.S. NUMBER | |

| | |
|---|--|
| <i>PLEASE INDICATE WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY:-</i> | |
| NAME (and relationship, e.g. Mother, Guardian) | |
| Home Telephone | |
| Work/Mobile Telephone | |
| Fax number | |
| E-Mail | |

| | | |
|--|------------------|-------------------|
| <i>DO YOU HAVE ANY SPECIAL MEDICAL PROBLEMS?</i> <i>Please give details of any medication used</i> | | |
| Condition | Yes or No | Medication |
| Diabetes | | |
| Asthma | | |
| Hay Fever | | |
| Epilepsy | | |
| Migraine | | |
| Sensitive to Insect Bites/Stings? | | |
| Allergic to foods such as nuts? <i>(Please specify)</i> | | |
| Is he/she allergic to penicillin or any other medicine? If yes, please show substitute normally used | | |
| Please indicate any other medical conditions or problems you feel that we should be aware of: | | |
| Is he/she currently receiving any medical treatment? <i>(Please specify)</i> | | |
| Is his/her Tetanus injection up to date? | | Date: |

| | |
|--------------------------------|--|
| <i>DOCTOR'S DETAILS</i> | |
| Doctor | |
| Address | |
| Telephone number | |

I consent to my son/daughter taking part in golfing activities (including transportation to and from the Club) under the auspices of West Hill Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise West Hill 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 will update West Hill Golf Club with any relevant changes to the above information.

| | | |
|--|--|-------|
| PARENT / GUARDIAN'S NAME (please use CAPITALS) | | |
| Signature: | | Date: |