

Ref:

MULLINGAR GOLF CLUB
APPLICATION FOR JUNIOR MEMBERSHIP (8 – 18)

Passport Photograph

Name: _____

¹Date of Birth: ____/____/____

Home Address: _____

Home Phone No: _____

Name of Parent/Guardian (1) : _____ Name of Parent/Guardian (2) : _____

Work Phone (1) : _____ Work Phone (2): _____

Mobile Phone (1) : _____ Mobile Phone (2) : _____

²Email Address (1) : _____

Email Address (2) : _____

School/ College: _____

Present Golf Club and Handicap (if applicable): _____

The Proposer and Secunder must be **Full** Members of Mullingar Golf Club.

A member of the Committee of Management, the Men's Committee or the Ladies' Committee may not propose or second a candidate.

Name of Proposer: (Print) _____ **Date:** _____

Signature of Proposer: _____

Name of Secunder: (Print) _____ **Date:** _____

Signature of Secunder: _____

Note: A Junior Member shall be a boy or girl between 8 and 18 years of age on the 1st January 2021. Junior Members will be on probation from the date of acceptance until the age of 18.

Mullingar Golf Club will adhere to "Code of Ethics for Golf for Young People". You can download a copy of this on the Mullingar Golf Club website in the junior section. Juniors may **not** introduce guests to the Club.

DECLARATION TO BE SIGNED BY APPLICANT

I agree to be bound by rules as set out for junior golfers by the Management Committee of Mullingar Golf Club.

Signature of Junior Applicant: _____

Printed Name of Applicant: _____

Date: _____

¹ Copy of Passport/Birth Certificate must be submitted with application to verify date of birth.

² This E Mail address shall be used by the Golf Club to communicate with the Junior member and/or parent/guardian

The safety and welfare of junior members, when in our care, is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

MEDICAL INFORMATION

Child's Doctor's Name: (Optional)

Surgery Address: (Optional)

Surgery Telephone Number (Optional) _____

Medical History Information

Please include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special requirements etc.

Parental / Guardian Consent

- a. I consent to the above child participating in golf activities at Mullingar Golf Club in line with the Club's Code of Ethics for Golf for Young People and the Club's Regulations for junior members.
- b. I will inform the club of any changes to the information provided above. I confirm that all the details are correct, and I am able to give parental consent for my child to participate in and travel to all activities.
- c. I understand that photographs will be taken during or at golf related events and may be used in the promotion of golf. By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Club.
- d. I acknowledge that the club is not responsible for providing adult supervision for my child except at formal events and junior golf coaching, matches or competitions.
- e. Overnight Away Trips – If selected for representative teams, I confirm I am happy with the travel and accommodation arrangements the Golf Club may arrange for my child.
- f. The club has a Data Privacy Policy which can be found in the Club Document folder of our Club V1 membership app. Your data will be stored and used in accordance with this policy.

The Subscription, Levy & Tuition fee is €145 payable on election to the Club. Please do not enclose payment with application.

This form must be fully completed and returned to the General Manager. E-mailed applications will be accepted (info@mullingargolfclub.ie) Incomplete applications will not be accepted.

Applications for Junior Membership close @ 5.00p.m. on Friday 28th May 2021.

Signature (Parent/Guardian): _____

Printed Name: _____

Date: _____