



LEONGATHA GOLF CLUB ABN:46 325 018 423 *Club Manager: Josh Hall*
 855 Koonwarra-Inverloch Road, Leongatha South, 3953 (P.O. Box 578, Leongatha 3953)
 Tel: 5664 3314 Fax: 5664 3377 Leongathagolf@gmail.com www.leongathagolf.com.au



JUNIOR MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS

Welcome to Leongatha Golf Club. We are a golf club open to athletes of any ability from five years of age.

To ensure we have the correct contact details for you, please fill out this form and return to **X**

- Junior Membership:** Cost - \$79 per year inc. Handicap, (insurance, practice facility access and full playing rights)
- Cadet Membership:** Cost - \$79 per year inc. Access to coaching, handicap, insurance, practice facility access and full playing rights

SECTION A: ATHLETE DETAILS

First Name		Surname			
Address					
		Postcode			
Telephone		Date of Birth (DD/MM/YY)			
School					
Are you a member of any other sports club? (If yes, please state which club and which sport)					

SECTION B: PARENT/CARER DETAILS

First Name		Surname			
Address					
		Postcode			
Telephone		Mobile Number			
Email Address					

SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

PLEASE CONTINUE THE FORM OVER THE PAGE



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SECTION D: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name	
Emergency One Contact number:	
Emergency Contact Two Name	
Emergency Contact Two number:	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at the club, competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel.

Signature	
Print Name	

SECTION F: PARENTAL/CARER AGREEMENT

By returning this completed form, I agree:

- To the named athlete taking part in the activities of the Leongatha Golf Club.
- That I have read and agree that my child will abide by the club code of conduct whenever present at club activities or competition

Signature	
Print Name	

SECTION G: PREVIOUS GOLF CLUB HISTORY

Has the athlete been a member at golf club before? Yes No

If Yes, please complete the below table:

Previous Golf Club	
Golf Link Number	
Handicap	

We look forward to welcoming you and your family to the Leongatha Golf Club in the near future. To find out all the latest club information, please visit our website www.leongathagolf.com.au

PROPOSER (Print) SECONDER (Print)
 SIGNATURE SIGNATURE

DATE

Office Use Only

Date Received Amount Paid Received By

Presented to the Board/...../..... **WELCOME XERO S/S MAILCHIMP**



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Leongatha Golf Club Consent Form for Photography and Recorded Images

LEONGATHA GOLF CLUB recognises the need to ensure the welfare and safety of all young people in junior sport.

In accordance with Golf Australia & Golf Victoria policy and procedures, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

LEONGATHA GOLF CLUB will follow the guidance for the use of photographs a copy of which is available from Play By The Rules, the arm of the Australian Sports Commission designated to make sport inclusive, safe & fair:
www.playbytherules.net.au

LEONGATHA GOLF CLUB will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club General Manager immediately.

Details of athletic activity:

Junior & Cadet programs, one on one coaching, tournaments, weekly competitions, and other events which take place as part of the athletes involvement within Leongatha Golf Club.

INSERT NAME (parent/carer) _____
 consents to LEONGATHA GOLF CLUB photographing or videoing my child's involvement in golf for the period of time shown on this form for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Signed: _____ Date: _____

(INSERT NAME OF CHILD) _____ consent to the photographing or videoing my involvement in golf for the period of time shown on this form, and agree to them being published to promote the club or sport.

Signed: _____ Date: _____

