



**ASHFORD MANOR GOLF CLUB**

**Junior Open**

***Sunday 20th August 2017***

**The Ashford Manor Junior Open this year will be one of the best junior tournaments and guess what....it's FREE!!**

The competition will be played over 18 holes of medal play and is open to all boys and girls under 18 years of age on January 1<sup>st</sup> 2017 with handicaps of no more than 28 for boys and 36 for girls. Limited number of 72 golfers

**First tee time 1pm**

**18 Hole Scratch Winner, 18 Hole Scratch Runner up  
18 Hole Handicap Winner, 18 Hole Handicap Runner up  
Nearest to the pin and longest drive**

***PRIZE FUND TOTALLING  
£1000 IN VOUCHERS  
TO USE IN AMGC PRO-SHOP***

**Includes 18 holes of golf and sausage and chips**

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**ASHFORD MANOR JUNIOR OPEN**

Entry Form (Please Print)

Name ----- Home Golf Club ----- Date of Birth -----

Address-----

Postcode ----- Handicap ----- Home Phone: ----- Mobile: -----

Signature of Club Secretary-----

Send to **The Head Professional, Ashford Manor Golf Club, Fordbridge Road, Ashford, Middx. TW15 3RT** (Phone - 01784 424644)



# ASHFORD MANOR GOLF CLUB



## JUNIOR OPEN JUNIOR CONSENT FORM

NAME OF CHILD: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male/Female (please delete as necessary)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Contact 1:** Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

**Emergency Contact 2:** Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

### Medical Information

1. Child's Doctor's name and contact details:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Does your child experience any conditions requiring medical treatment and / or Medication? YES / NO (Please delete as necessary)

If yes, please give details \_\_\_\_\_

3. Does your child have any allergies: YES / NO (Please delete as necessary)

If yes, please give details \_\_\_\_\_

4. Does your child have any specific dietary requirements? YES / NO (Please delete as necessary)

5. Please provide any further information that you feel is appropriate

\_\_\_\_\_

*This form must be completed and handed in at registration*

ASHFORD MANOR GOLF CLUB

- I confirm to the best of my knowledge that my son /daughter does not suffer from any medical condition other than those detailed.
- I agree to notify the club should the above details need to be updated / changed and if my son / daughter should not be participating due to illness or injury.
- I also consent to the use of photographic, video and other images being published solely in the promotion and celebration of the activities of Ashford Manor Golf Club in sports web sites, newspapers and magazines.

I, \_\_\_\_\_ being parent / guardian give consent to my son / daughter taking part in the golfing activities under the auspices of the M.C.G.U. and give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son / daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed \_\_\_\_\_

Print Name please \_\_\_\_\_

Date \_\_\_\_\_

*This form must be handed in at registration*