

**To: The Chairman Competitions, Robin Hood Golf Club, St Bernard's Road, Solihull B92 7DJ**  
**ENTRY FORM - JUNIOR 18 HOLE OPEN – Monday 6<sup>th</sup> August 2012**

Please include first name

Name..... Home Club .....

Handicap ..... EGU number (mandatory).....

Address.....

..... Contact telephone number.....

Email..... [Please tick if you do not wish to receive details of other RHCG products [ ]

Starting times will be given depending on Handicap and distance travelled to Course

**ENTRY FEE: £10 (including Bar Meal)**

**This fee cannot be refunded for any cancellation made after Monday 23rd July 2012.**

*THIS ENTRY CANNOT BE ACCEPTED WITHOUT THE CORRECT ENTRY FEE, S.A.E or EMAIL and EGU NUMBER*

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OFFICE USE ONLY

SAE enclosed ..... Cheque/Cash enclosed ..... Amount .....

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**ROBIN HOOD GOLF CLUB JUNIOR OPEN**

**Medical Information and Contact Details**

This Form is required **ONLY** in either of the following circumstances.

1. If your child has a medical condition or other health related matter about which you consider the club should be informed.
2. If you intend for any reason to leave your child whilst she is competing in the R.H.G.C. JUNIOR OPEN

If either of these apply please complete the appropriate section of the form and hand it at the registration desk on arrival. They will retain it **IN CONFIDENCE** and destroy it after the event.

**FULL Name of Child:** .....

**1. MEDICAL CONDITIONS**

Please indicate below, in confidence, any health related matters, including any **medical condition or illness, allergies or injuries**, which you think it is best we know about, including details of any **prescribed medicine** and dosage.

**2. CONTACT DETAILS**

If, for any reason, you intend to leave your child at RHGC whilst she is competing in the R.H.G.C. Junior Open, please provide the following contact details:

Surname of Parent/Guardian

Forename: Title

Home Tel:

Work Tel:

Mobile Tel:

**3. CONSENT**

By signing this form I hereby confirm the following:-

- I am the adult responsible for the child named on the front of this form.
- I acknowledge that R.H.G.C. is not responsible for providing adult supervision for my child except for the period of time whilst they are on the course taking part in the R.H.G.C. Junior Open competition.
- I, being the parent or legal guardian of the child named on the front of this form, hereby give permission for the event organiser or other responsible person from R.H.G.C. to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where medical opinion is that it would be **contrary to my child's interest for any delay to be incurred by seeking my personal consent.**

Name..... Date

Parent/Guardian Signature