ADARE MANOR GOLF CLUB

Adare, Co Limerick

Tel: 061-396204 Fax: 061-396800

Email: [info@adaremanorgolfclub.com](mailto:info@adaremanorgolfclub.com)

Application Form for Junior Membership

**Full Name of Junior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male ⁫: Female **

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel/Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel/Mobile (in case of emergency):\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. of Junior Golfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Club (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Club H/cap \_\_\_\_\_\_\_\_\_\_\_**

### For those holding a current handicap, an up-to-date certificate MUST be produced

***Applicant’s Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Proposer:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Seconder:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Both must be Adult Members for minimum 2 years)***

***Tel:*** \_\_\_\_\_\_\_\_\_\_\_\_ ***Tel:*** \_\_\_\_\_\_\_\_\_\_\_\_

**(Signatures above lines also PRINT Names underneath lines please )**

***APPLICANTS MUST BE PERSONALLY KNOWN TO BOTH PROPOSER AND SECONDER WHO WILL BE RESPONSIBLE FOR HIS/HER ELIGIBILITY. PROPOSER AND SECONDER MUST BE CLUB MEMBERS AND NON COMMITTEE. BOTH MUST BE MALE FOR MALE APPLICANTS AND FEMALE FOR FEMALE APPLICANTS.***

***(PTO)***

**-2-**

**MEDICAL HISTORY INFORMATION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PARENTAL/GUARDIAN CONSENT**

I am the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to the above child participating in golf activities of Adare Manor Golf Club in line with the Code of Ethics and Good Practice for Children’s Sport in Ireland and in the Code of Ethics for Golf for Young People. I will inform the Junior Officer of any changes to the information above. I confirm that all details are correct and I give parental consent for my child to participate in and travel to all activities.

I understand that photographs will be taken during or at golf related events and may be used in the promotion of golf.

If selected for Club teams, I confirm I am happy with the travel arrangements the club may arrange for my child.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTANCE OF ALL APPLICATIONS FOR MEMBERSHIP

IS AT THE STRICT DISCRETION OF THE COMMITTEE

All Applications should be addressed to the Honorary Secretary

## FOR CLUB USE ONLY

**Date Application Received: \_\_\_\_\_\_\_\_\_\_\_ Date Application Accepted: \_\_\_\_\_\_\_\_\_\_\_\_**