



MANNINGS HEATH GOLF CLUB

JUNIOR PLAYER PROFILE FORM.

Once this form has been completed return to the Director of Golf at the club.

**All forms must be signed by a parent/guardian.*

Name of child: _____ Date of Birth: ____ / ____ / ____

Gender: Male

Female

Address: _____

_____ Postcode: _____

Parents/Guardians Names: _____

Home telephone : _____

Mobile telephone: _____ Work telephone: _____

EMERGENCY CONTACT 1.

Name: _____ Home telephone: _____

Mobile telephone: _____ Work telephone: _____

EMERGENCY CONTACT 2.

Name: _____ Home telephone: _____

Mobile telephone: _____ Work telephone: _____

Medical Information.

1. Childs Doctors name and contact details:

Name: _____ Telephone: _____

2. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No

*If yes please give details.

3. Does your child have any allergies?

*Yes No

*If yes please give details.

4. Does your child have any specific dietary requirements?

*Yes No

*If yes please give details.

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

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- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.
- 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, _____ being the parent/guardian of the above named child hereby give permission for my child to receive medical treatment which in the opinion of a qualified medical practitioner may be necessary if for any reason a delay is incurred in seeking my personal consent.

Signed – Parent/Guardian:	
Print Name:	
Date:	