Sheringham Golf Club

Playing Membership Application

I wish to become a Member of Sheringham Golf Club
and agree to be bound by the Rules and Bye- Laws of the Club.

Date of Application	
Category of Membership	
Name in Full (block capitals)	
Address (block capitals)	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Date of Birth	
Other / Previous Club	
CDH Number (if known)	

Please return your application to:
The General Manager, Sheringham Golf Club, Weybourne Road, Sheringham, Norfolk, NR26 8HG

Sheringham Golf Club

Junior Profile and Parental Consent Forms

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

In compliance with the Data Protection Act 2018, GDPR and all relevant data protection legislation, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of England Golf where necessary.

It is the responsibility of the junior and their parent to notify the Club Welfare Officer (CWO) or Secretary if any of the details change at any time.

Junior Name		
Date of Birth		
Address		
Telephone Number		
Parents' Names		
Address		
Home Telephone No		
Mobile Telephone No		
Parental E-Mail Address		
Work Telephone No		

Emergency Contacts	
Contact 1 Name	
Relationship to child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Contact 2 Name	
Relationship to child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	

Please confirm details of all those with Parental Responsibility for the Child.	

Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication? **YES** ☐ **NO** ☐

*If yes please give details, including medication, dose and frequency.

Does your child have any allergies? **YES** ☐ **NO** ☐

*If yes please give details.

Does your child have any specific dietary requirements? **YES** ☐ **NO** ☐

*If yes please give details.

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

Disability

The Equality Act 2010 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability? **YES** ☐ **NO** ☐

*If yes what is the nature of the disability?

Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

Consent from Parent/Legal Carer:

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above. ☐
- I agree to notify the Club of any changes to this information. ☐

- I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form. ☐
- The attached signature will denote that my child has my permission to be on the golf club's premises. ☐
- I acknowledge that the club is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition. ☐
- I agree to my child being transported by club representatives to and from venues when he/she is representing the club. ☐

(Please tick the boxes if agreed)

By signing this document I confirm that I have legal responsibility for _____; I am entitled to give this consent and I am aware of how the information I have provided may be used.	
Signed – Parent/Carer	
Print name	
Date	

Sheringham Golf Club
Code of Conduct for Young Golfers

As a young golfer taking part in a Sheringham Golf Club activity, you should:

- Help create and maintain an environment free of fear and harassment
- Demonstrate fair play and apply golf's standards both on and off the course
- Understand that you have the right to be treated as an individual
- Respect the advice that you receive
- Treat others as you would wish to be treated yourself
- Respect other people and their differences
- Look out for yourself and for the welfare of others
- Speak out (to your parents or a club representative) if you consider that you or others have been poorly treated
- Be organised and on time
- Tell someone in authority if you are leaving the venue
- Accept that these guidelines are in place for the well-being of all concerned
- Treat organisers and coaches with respect
- Observe instructions or restrictions requested by the adults looking after you

You should not take part in any irresponsible, abusive, inappropriate, or illegal behaviour which includes:

- Smoking
- Using foul language
- Publicly using critical or disrespectful descriptions of others either in person or through text, email or social network sites
- Consuming alcohol, illegal performance-enhancing drugs or stimulants

Child Signature _____ Print Name _____

Parent/Carer Signature _____ Print Name _____

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Photography Consent

This form is to be signed by the legal carer of a child under the age of 18, together with the child. Please note that if you have more than one child registered you will need to complete separate forms for each.

Sheringham Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken (except where some incidental inclusion may not be possible to avoid) or used without your consent.

Sheringham Golf Club will ensure that any image of a child where consent has not been obtained will not be published.

Sheringham Golf Club will follow the guidance for the use of images of children as detailed within the Club's Safeguarding Children and Young People Policy.

Sheringham Golf Club will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the club.

If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

The photographs may be available on the website. If at any time either the parent/ carer or the child wishes the data to be removed from the website, 7 days' notice must be given to the Club Welfare Officer after which the data will be removed.

To be completed by parent/carer

I _____ (Parent full name) consent to _____ (Sheringham Golf Club) photographing or videoing _____ (name of child) under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

Signature _____ Date _____

To be completed by child

I _____ (Child full name) consent to _____ (Sheringham Golf Club) photographing or videoing child under the stated rules and conditions.

Signature _____ Date _____