MULLINGAR GOLF CLUB APPLICATION FOR JUNIOR MEMBERSHIP (8 - 17)

Ref:	

Date: _____

Passport Photograph ¹Date of Birth: _____/___ Home Address: ______ Home Phone No: _____ Name of Parent/Guardian (1): ______ Name of Parent/Guardian (2): _____ Work Phone (2): ______ Work Phone (1): ______ Mobile Phone (2): ______ Mobile Phone (1): ______ Email Address (1): ______ Email Address (2): ______ School/ College: ______ Present Golf Club and Handicap (if applicable): The Proposer and Seconder must be **Full** Members of Mullingar Golf Club. A member of the Committee of Management, the Men's Committee or the Ladies' Committee may not propose or second a candidate. Name of Proposer: (Print) ______ Date: _____ Signature of Proposer: ______ Name of Seconder: (Print) ______ Date: _____ Signature of Seconder: ______ Note: A Junior Member shall be a boy or girl between 8 and 17 years of age on the 1st January 2024. Junior Members will be on probation from the date of acceptance until the age of 18. Mullingar Golf Club will adhere to "Code of Ethics for Golf for Young People". You can download a copy of this on the Mullingar Golf Club website in the junior section. Juniors may not introduce guests to the Club. **DECLARATION TO BE SIGNED BY APPLICANT** I agree to be bound by rules as set out for junior golfers by the Management Committee of Mullingar Golf Club. Signature of Junior Applicant: ______

Printed Name of Applicant: _____

¹ Copy of Passport/Birth Certificate must be submitted with application to verify date of birth.

The safety and welfare of junior members, when 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.

MEDICAL INFORMATION		
Child's Doctor's Name: (Optional)		Surgery Address: (Optional)
Surgery Telephone Number (Optional	al)	
Medical History Information		
Please include all medical details that allergies, medication, special require	at might be relevant in dealing with yo	our child in a safe manner, such as
of Ethics for Golf for Young b. I will inform the club of any correct, and I am able to giv c. I understand that photograp promotion of golf. By agreed right of ownership of these d. I acknowledge that the club events and junior golf coach e. Overnight Away Trips – If se accommodation arrangement	People and the Club's Regulations for changes to the information provided by parental consent for my child to parents will be taken during or at golf relating to your images being used, you againg to the Club.	above. I confirm that all the details are rticipate in and travel to all activities. Ited events and may be used in the gree to assign any copyright or any other it supervision for my child except at formal afirm I am happy with the travel and child.
•	will be stored and used in accordance	
This form must be fully completed a accepted.	and returned to the General Manager.	Incomplete applications will not be
Signature (Parent/Guardian):		
Printed Name		