



EDENDERRY & DISTRICT GOLF CLUB



Golf Buddy Registration Form

Full Name _____ Male/Female _____

Date of Birth _____

Address _____

CONTACT INFORMATION

Parent Telephone No: Home _____ Mobile _____

Emergency Contact No _____

Email _____

MEDICAL/BEHAVIOURAL INFORMATION

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 in line with the Code of Conduct outlined by Edenderry Golf Club. I will inform the club of any changes to the information above.

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

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal coaching, matches and competitions.

Signature _____

Date: _____

Print Name _____