



Junior Open

Thursday 30th May 2024

FORMAT

18 Hole Medal Play
95% Handicap Allowance
Handicap certificates will be required on the day
Entry Fee: £10.00

Closing Date: 23rd May 2024

Applications will NOT be accepted unless accompanied by a completed parental consent form
1st Tee Time: 1pm
Smart casual dress code after play. Golf attire acceptable
Entrants must be under 18 years of age on 1st January 2024
Open to Members and Visiting Competitors

INCLUDES

18 Hole Medal Play Tournament
Burger, Chips & Squash
Fantastic Prizes
All ties will be decided by scorecard count back

PRIZES

1st & 2nd Scratch
1st & 2nd Nett
Nearest the Pin
Longest Drive

ENTRY FORM

Name		Home Club		
Address			Postcode	
Contact Telephone Number				
Email address				
Home Golf Club				
Exact Handicap				
CDH Number				

Entrance fee payable via bank transfer or phone. Payment is non-refundable, unless the course is closed.
BACS Sort Code: 208111 A/C No: 90127973 (quoting child's name)
Tee times will be emailed to the competitor. Please email your form to sales@amgc.co.uk

ASHFORD MANOR JUNIOR OPEN - Consent Form

Thursday 30th May 2024



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 relevant health details so that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

LIABILITY - Full responsibility lies with the Parent/Guardian of their Child throughout the day whilst playing at Ashford Manor Golf Club. The Organiser has undertaken DBS checks.

Health & Safety Legislation Consent Form (juniors). Completed by parent / guardian. Please print clearly

JUNIORS DETAILS	CLUB:
FULL NAME:	HOME TEL NO:
ADDRESS:	MOBILE:
	D.O.B:
EMAIL:	N.H.S. NO:

Please indicate who should be contacted in case of an emergency

PERSON 1:	RELATIONSHIP:
MOBILE:	
PERSON 2:	RELATIONSHIP:
MOBILE:	

Does he/she have any special medical problems? Please provide details of any medication used

CONDITION	YES/NO	MEDICATION
EPILEPSY		
MIGRAINE		
ASTHMA		
HAY FEVER		
Sensitivity to insect bites/stings		
Allergic to foods i.e. nuts/seafood? - Please specify		
Allergic to penicillin or any other medicine. State substitute		
Currently receiving any medical treatment? Please specify		
Indicate any other medical conditions or problems we should be aware of		

DOCTOR	Tel No:
ADDRESS:	

I consent to my son/daughter taking part in the golfing activities under the auspices of Ashford Manor Golf Club. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorise AMGC or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any eventuality every attempt will be made to contact you).

Unless this box is ticked, I permit photographs or videos of my child to be taken for social media and news release purposes by Ashford Manor Golf Club

Parent/Guardian name (captials please)	
Signature	Date: