



Junior Open

Thursday 28th May 2026

FORMAT

18 Hole Medal Play

95% Handicap Allowance

Handicap certificates will be required on the day

Entry Fee: £20.00

Closing Date: 21st May 2026

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 2026

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 28th May 2026



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: