



Belton Park Golf Club

Junior Membership Application Form – 2019/20

Belton Park Golf Club aims “To provide the best golfing experience in the East Midlands, through 27 challenging holes, first class facilities, excellent food and friendly service”.

Our key mission statement for junior golf at BPGC is fun and safety, we intend to encourage juniors to enjoy the game whilst we will endeavour to work towards good practices for safety and support of the child.

Key membership benefits include:

- Specialised junior coaching – group and individual lessons available.
 - A bespoke Junior player pathway.
 - A fabulous, mature 27 hole golf course.
- Start times for competitions only, otherwise just turn up and play.
 - Juniors only room with pool table and TV.
- Members may sign in up to 3 guests per day at discounted rates.
 - Discount off all food & drink purchases in the Clubhouse.
 - Unlimited use of short game practise areas.
- Plentiful & diverse range of competitions & team matches.

Junior Membership

Junior Membership – Cost & Conditions

The Junior subscription for 2018/19 is set at £26 per annum for 14's and under and £86 for 15-18 year olds with no joining fee required. Belton Park adopts a “no barrier” route to membership in that there is no requirement for a proposer and absolutely no interviews!

A Junior member must be under 18 years old at the start of the membership year.

A Junior member will not be asked to pay a joining fee when graduating into adult membership, providing membership does not lapse.

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.

Please complete this form with our assurance that the information will be treated as confidential.

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		(If different)
Email address		
Home Telephone No		
Mobile 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.	
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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.

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

*If yes please give details.

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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.

- 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 County/Club of any changes.
- I,, being parent/guardian of the above named child, hereby give permission for the NGB/County/club responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

- The attached signature will denote that my child has my permission to be on the golf club's premises.

(Please tick the box if agreed)

- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition.

(Please tick the box if agreed)

- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club.

(Please tick the box if agreed)

Signed – Parent/Guardian	
Print name	
Date	

Code of Conduct for Young Golfers

As a young golfer taking part in a Belton Park 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/Guardian Signature _____ Print Name _____

Photography Consent

This form is to be signed by the legal guardian 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.

Belton Park 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 or used without your consent.

Belton Park Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures (excerpt attached for information)

Belton Park 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 (County/Club)

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

The photographs may be available on the website <http://www.beltonpark.co.uk> for the golf season 20xx. If at any time either the parent/ guardian or the child wishes the data to be removed from the website, 7 days' notice must be given to the Golf Welfare Officer after which the data will be removed.

To be completed by parent/guardian

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

Signature _____ Date _____