



**Knighton Heath Golf Club**  
 FRANCIS AVENUE, BOURNEMOUTH BH118NX  
 Tel: 01202 572633



**JUNIOR OPEN**

**THURSDAY 8 AUGUST 2019**

**Entry Fee: £20.00**

Includes: Meal

Maximum Handicap: Boys 28 – Girls 36

**Entries Close: 26 July 2019**

**Active Handicap required**

Refunds will not be made after the closing date but substitutes will be allowed

- Please observe club dress code and Rules of Golf
- The decision of the competition committee is final in all matters
- The draw will be published on the club website, [www.knightonheathgolfclub.co.uk](http://www.knightonheathgolfclub.co.uk)
- Competitors must be under 18 on 1 January 2018

**Please detach completed form below and forward together with the Parental Consent Form to:**

The Junior Organiser, Knighton Heath Golf Club, Francis Avenue, Bournemouth BH11 8NX  
 Cheques made payable to KHGC or for BACS payments,  
 Lloyds Bank, Acc 00113811, Sort Code 30-96-73. Reference: JO & your surname

**KHGC - JUNIOR OPEN ENTRY FORM**

FULL NAME.....

HOME CLUB.....

D of B .....

H'CAP.....CDH Number.....

CONTACT ADDRESS.....

e-mail.....Tel.....

Please tick box : Cheque attached

BACS payment

# Knighton Heath Golf Club Junior Parental Consent Form

Name of Child:.....Date of Birth.....

Address: .....

..... Post Code: .....

E-Mail Address .....

To enable us to care for the best interest of your child, it is important that we know whether he/she suffers from any medical condition or illness, or whether she/he is currently receiving medical treatment of any kind.

Please indicate below, in confidence, any health related matter which you think it is best we know about, including the details of any prescribed dosage or special dietary requirements:

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My child is in good health and I consent to her/him participating in golf events.

I consent to my child receiving essential medical treatment, as necessary, when a qualified practitioner prescribes the treatment.

NHS Number..... NHS Doctor: .....

Address of surgery .....

.....

Post Code :..... Tel No :.....

Name of Parent or Guardian: .....

Tel No: (Home) ..... (Work) .....(Mobile).....

Signature .....

This form will be kept until the end of 2015 and will then be shredded.  
No information held on this form will be passed to a third party.

I consent to my child being photographed for possible inclusion in Dorset County Golf Union Books etc.

**To comply with Child Protection Law please tick here**