

# JUNIOR REGISTRATION

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Date: .....

## PARTICIPANT

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First Name: ..... Surname: .....

Date of Birth: .....

Have you played golf before?       Yes     No    .....

Have you had golf lessons before?       Yes     No    .....

Do you write left or right-handed?       Left     Right    .....

Do you wear glasses?       Yes     No    .....

Do you have a Golf Link number?       Yes     No    .....

Do you take any regular medication?       Yes     No    .....

Do you have any hearing problems?       Yes     No    .....

Do you have any allergies?       Yes     No    .....

Do you have any special requirements?       Yes     No    .....

What is your goal for golf? .....

Do you ever have:     Asthma     Diabetes     Epilepsy     Dizzy spells     Travel sickness     Headaches

## PARENT / GUARDIAN

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First Name: ..... Surname: .....

Relationship to Participant: ..... Guardian's Phone: .....

Guardian's E-mail: .....

Would you like to receive the Golf4Life e-newsletter?     Yes     No

Do you use Social Media?     Yes     No     Twitter     Facebook     Instagram

## HOW DID YOU HEAR ABOUT GOLF4LIFE?

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Previous client

Family/friend's recommendation (we'd love to thank them): .....

Golf4Life's website     Facebook     Instagram     Google/other search engine

Other: .....

**CONCENT**

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I understand that the personal information collected on this form is used for the purpose of processing my request for my child's participation in the Golf4Life Junior Golf Program, and that all information gathered is kept under the strictest of confidence and not provided to any other party.

Yes     No

I hereby authorise G4L to make such arrangements as deemed necessary by the attending medical practitioner. In the event of emergency medical treatment being necessary in respect of my child.

Yes     No

I give my consent to Golf4Life to use my child's name and image (including photography) use in print or online marketing and promotional activities.

Yes     No

Optional: Any additional comments welcome .....

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