

Junior Scholarship Application Form

(Applicants must be aged between 10 - 15 years old)



GOLF ACADEMY

Junior Scholarship Program

The Junior Scholarship programme is now moving into its 3rd year after two successful years' previously. Each year the programme has developed and become more popular. The scholarship was developed in 2014 to give young players the opportunity to learn, excel and develop within golf. The ultimate goal of the academy is to provide a friendly and safe environment for the scholars to improve on and off the course and help them all to get one step closer to their ambitions

Each scholar will be awarded with full membership, lessons and uniform to represent the Buckinghamshire. At the end of each year the current scholars are assessed and new applications are processed to decide the team going into the following year.

Each scholar is required to represent the club to a high standard and to make full use of the facilities and services available to them. The assessment over the year is based on usage, development and participation (matches, competitions and events).

Program includes but is not limited to

- Scholars uniform including shirt and accessories
- One hour's coaching per person per month
- Competitions, Matches & Knockouts
- Four presentations from within golf

Fees

Scholarship Scholars Pay £0

Membership Terms and Conditions

Junior Playing Times and Restrictions

Junior and Intermediate members may play at any time subject to availability with the following restrictions:

Winter: (November to March)
Weekends and Bank Holidays, after 11.00 am

Summer: (April to October)
Weekends and Bank Holidays, after 12.00 pm

Junior Members accompanied by a Full Member must adhere to the above playing times.

Junior Guest Fees:

Junior guests under the age of 18:

Monday to Friday £10.00 for 18 holes

Saturday and Sunday £15.00 for 18 holes

All other guests will be subject to the usual guest rates:

Monday to Friday £45.00 for 18 holes

Saturday and Sunday £58.00 for 18 holes

Any one guest is allowed to play at Buckinghamshire Golf Club up to six times per year.

Competitions

Junior golfers are entitled to enter all club competitions. Additionally there are further Junior Competitions which take place during each school holiday.



Applicants Details

Parents Details

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel No: _____

Tel No: _____

Home: _____

Date of Birth: _____

Mobile: _____

Present Club: _____

Email: _____

Handicap: _____

Occupation: _____

Date: _____

Date: _____

Applicant's Signature _____

Parents : Signature _____

Applicant's Photo 1

Applicant's Photo 2

Office Use	
Date Received	
Membership Number	
ESP	IG



Golfing Aspirations /Goals/Playing Record (please attach your playing record for the last 12 months)

.....

.....

.....

.....

.....

.....

.....

Educational Goals

.....

.....

.....

.....

.....

.....

.....

Why should we choose you over other applicants?

.....

.....

.....

.....

.....

.....

.....



Emergency First Aid / Medical Treatment

Should your child suffer an injury or become ill whilst playing golf, it may not always be possible to contact you. Should you not be available to give your consent at the time, if you wish Buckinghamshire Golf Club to provide First Aid or seek emergency treatment, please complete and return the authorisation below.

Parent / Guardian Authorisation

Name of Child or Young Person

NHS Number..... Doctors Name.....

Address.....

Tel Number

*My Child is under 16 years of age. I authorise Buckinghamshire Golf Club to arrange for my Child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary

*My Child is 16 years of age or over. I acknowledge that he/she has the right to decide for him/herself on the treatment to be received or the need to attend hospital or medical centre.

In the event of any medical attention being administered, I understand that the Buckinghamshire Golf Club will inform me of the action taken.

My child suffers from the following allergies/ conditions:

Asthma	Yes/No	Fits or Blackouts	Yes/No
Epilepsy	Yes/No	Diabetes	Yes/No
High Blood Pressure	Yes/No	Heart Problems	Yes/No
Migraine	Yes/No		

Please record below allergies, other medical conditions or any medication prescribed for your child

.....

Also record medication not to be administered

.....

Signature of parent/guardian.....Date.....

Name (Print)

Telephone Number: Home..... Mobile.....



Juniors Players Parental Consent for Coaching and Tuition

This form of consent must be completed and signed by the parent or guardian of the Junior members at Buckinghamshire Golf Club. Please note that if the completed consent form is not returned, your child cannot be coached or taught by the Buckinghamshire Golf Clubs professional staff.

Form of Consent

I hereby give permission forwhose date of birth isreceive golf coaching by Buckinghamshire Golf Clubs Professional Staff.

Signature of parent/guardian.....

Name (Print).....

Address.....

.....

.....Post Code.....

Contact Number.....Alternative Emergency Contact Tel No:.....

Any other relevant information.....

.....

.....

.....

.....

.....



Parental Consent for use of photographs or Video

In accordance with our Child Protection Policy we will not permit photographs, video or other images of children and young people to be taken without the consent of their parent or guardian. Buckinghamshire Golf Club will take all necessary measures to ensure these images are used solely for the purposes they are intended.

Form of Consent

I consent / do not consent * to Buckinghamshire Golf Club coaches and volunteers taking photographs or recording video images of:

Name of Child.....

For the purposes of golf coaching and associated activities including publications in our newsletter and website.

Signature of
Parent/Guardian.....Date.....

*Delete as necessary