



**CHOBHAM**  
GOLF • CLUB

## **JUNIOR OPEN**

*Monday 13<sup>th</sup> August 2018*

*18 Hole Medal*

**PRIZES:** 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Scratch and Handicap

**ENTRY FEE: £23** including lunch & soft drink

**Closing date for entries: 27<sup>th</sup> July 2018**

PLACES WILL BE ALLOCATED ON A FIRST COME FIRST SERVED BASIS

- *Handicap Limit 28 for Boys and 36 for Girls*
- *Open to all Boys and Girls under 18 years on the Competition day*
- ***Players must have a recognised CONGU handicap on the day***
- *No Competitor may win more than one prize*
- *Start times will be emailed out before the competition*
- *Range Finders and GPS equipment are permitted*
- ***Parents will not be permitted to accompany their child(ren) on the course***
- ***All juniors must complete a Health & Safety consent form with entry***
- ***This event counts towards the Surrey Golf Junior Order of Merit***

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### **CHOBHAM GOLF CLUB - JUNIOR OPEN 2018 - ENTRY FORM**

Name: .....

Address: .....

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Post Code: .....Phone No: .....Mobile No: .....

Email address: .....Club: .....

Handicap: ..... CDH no (if known).....Date of Birth: .....

**Entry form and entry fee to: JUNIOR OPEN, Gill Norman, Chobham Golf Club, Chobham Road,  
Knaphill, Woking, Surrey GU21 2TZ**

**Cheques made payable to: "CHOBHAM GOLF CLUB LTD" and post dated to the 27<sup>th</sup> July 2018**



## Chobham Golf Club

Chobham Road, Knaphill, Woking, Surrey. GU21 2TZ  
Tel: 01276 855584 E:mail: [info@chobhamgolfclub.co.uk](mailto:info@chobhamgolfclub.co.uk)  
Website: [www.chobhamgolfclub.co.uk](http://www.chobhamgolfclub.co.uk)

### JUNIOR MEMBER HEALTH & SAFETY CONSENT FORM

Junior Full Name		Home tel no	
DOB		Mobile	
Address			
E:mail		NHS number	

Please indicate who should be contacted in case of an emergency

Name		Relationship	
Home tel no		Work tel no	
Mobile		Email	
Alternative mobile		Relationship	

Does he/she have any special medical problems? Please give details of any medication used

Condition	Yes or No	Medication
Diabetes		
Epilepsy		
Migraine		
Asthma		
Hay Fever		
Sensitivity to insect bites/stings		
Food allergies – if yes please specify		
Allergic to penicillin or any other medicine – if yes please show substitute used		
Receiving any medical treatment – if yes please specify		
Is tetanus injection up to date?		
Any other medical conditions or problems that you feel we should be made aware of?		

Doctor	
Address	
Tel no	

#### Parent / guardian consent :

I consent to my son/daughter taking part in golfing activities at Chobham Golf Club. In the unlikely event of an accident or illness requiring medical, hospital or dental treatment, I authorise Chobham Golf Club 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, surgeon or dentist. (In any such eventuality every attempt would be made to contact you)

I consent that my child can travel with a member of Chobham GC or its agents to attend fixtures / events away from their Home Club. I also consent that should my child win any competition, their photo may be published in related sports websites, newspapers or magazines.

Parent/guardian name PLEASE USE CAPITAL LETTERS	
Signature	
Date	