**SAMPLE**

 **Juvenile (Under 18) Membership Application Form**

**Club Name**

**Club Address**

**Contact Information**

**Full Name of Juvenile:**

**Male/Female :**

**Date of Birth:**

**Address:**

**Parent/Legal Guardian Name:**

**Telephone – Home:**

**Telephone – Mobile:**

**(In case of emergency):**

**E-mail:**

**Name of Proposer:**

**Name of Seconder:**

**Previous Club if any:**

**Handicap if any:**

**Date of Acceptance:**

**Medical History Information (details of any known allergies, conditions, medications)**

My Child is in good health but I understand that it is my duty to advise the Pitch and Putt Club through the club Secretary or the club Juvenile Officer of any changes. In the event of illness, having parental/ (legal) guardian responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize medical practitioner to provide emergency treatment or medication.

**Other Information**

Other special needs, requirements or directions that would be helpful for the Club to know about.