Beaconsfield Golf Club Junior Open

The Luke Donald Salver

Wednesday 18th August 2021

36 Holes Medal Play
BB&O Order of Merit Event &
Telegraph Junior Championship Qualifier

Entry fee £30
Includes Lunch & Prizes

CONDITIONS OF ENTRY

1. This event is open to all juniors under the age of 18 on 1st January 2021 with a maximum handicap index 16.0 (boys) and 20.0 (girls).
2. If the event is oversubscribed, a ballot on handicap will be made. Please advise of any handicap reduction, as this may prevent you from being balloted out.
3. Prizes (scratch and handicap) will be awarded for the 36-hole competition and for the morning and afternoon rounds. No competitor may win more than one prize.
4. No caddies over the age of 18 will be allowed.
5. Ties will be decided on the afternoon round, then back 9, 6, 3 etc.
6. Dress code – No denim jeans or trainers are permitted for players or guests. For full dress code please see website.
7. Closing date for entries: Wednesday 4th August 2021

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First Name: ………………………Surname: ………………………………………..D.O.B: ………………..

Address: …...……………………………………………………………...………………….……………..

………………………………………………………………………..Post Code…….…………………………

Email Address: ……………………..………………………………..Telephone.No: …………………………

Club: …………............………………………………………..

CDH Number: ………..…….…………………………………………… Handicap (exact): …………….

This entry form, together with an individual cheque for £30 (payable to Beaconsfield Golf Club) or BACS payment to A/c 90157635 Sort code 20-02-06 Ref. 'Surname-LD' and the completed Safeguarding & Child Protection Document, should be sent to: Beaconsfield Golf Club, Farm Lane, Seer Green, Beaconsfield, Bucks. HP9 2UR. We regret that no refund can be made after the start sheet has been issued.

SAFEGUARDING AND CHILD PROTECTION

Dear Parent / Guardian,

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 and wish Beaconsfield Golf Club to provide First Aid, or seek emergency treatment, please complete the authorisation below and return it to Beaconsfield Golf Club, along with the Entry Form.

Parent / Guardian Authorisation:

Name of Child or Young Person …….....……

Date of Birth ……....

Doctors Name ……..……..… Doctors Telephone No: ……...……

Doctors Address:…….....……...

…….....

* My child is under 16 years of age and I authorise Beaconsfield Golf Club to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital, or other medical centre, if necessary.
* My child is 16 years of age or over and I acknowledge that he / she has the right to decide for himself / herself on the treatment to be received or the need to attend a hospital or medical centre.

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

Does your child experience any conditions requiring medical treatment and / or medication? **YES / NO**

If YES then please give details, including medication, dose and frequency:-.....

.....

Does your child have any allergies? **YES / NO**

If YES then please give details:.....

Does your child have any special dietary requirements? **YES / NO**

If YES then please give details:-.....

What additional needs, if any, does your child have, e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks? Please give details:-.....

.....

Please now record any medications which are **NOT** to be administered:-.....

.....

I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those detailed above.

I, …… being the parent / guardian of the above named child, hereby give permission for the Club's responsible person to give the immediate necessary authority on my behalf, for any medical or surgical treatment recommended
by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed (Parent / Guardian):- …….Date:- ……

Print Name:-……..... Tel No (Home) .....

Work:- …….....……. Mobile:- …….....……

* Delete as necessary.

USE OF PHOTOGRAPHIC EQUIPMENT AT BEACONSFIELD GOLF CLUB

It is not the intention of Beaconsfield Golf Club to prohibit those with legitimate interest in filming or photographing children or young people's participation in sport, however, Beaconsfield Golf Club has a policy and a procedure in place regarding the use of cameras and photographic images at events they organise.

The Policy is:

- To ensure children / young people, Parents / Carers and Beaconsfield Golf Club have control over the images of children /young people.
- To deter unsuitable people from misusing sporting activities to obtain images of children.
- To prevent unsuitable images of children or inappropriate representations of the sport being produced.
- To protect the identity of children and young people who may be made vulnerable through the publication of any image.

The Procedure is:

- Beaconsfield Golf Club asks that any person wishing to use photography / video equipment should register their details in the Secretary's Office before carrying out any such photography on the golf course, the Clubhouse or surrounding area. (The practice area and the putting green are classed as on the golf course).
- Beaconsfield Golf Club reserves the right of entry to any of its events and reserves the right to decline entry to any person unable or unwilling to meet or abide by these conditions.
- Beaconsfield Golf Club also wishes it to be known that they also reserve the right to call on the police should they have any doubts as to the authenticity of any individual.

If competitors / Parents have any concerns, they should raise these concerns by contacting the Secretary's Office.

Please help us safeguard your children

I consent to him / her participating in events and activities organised by Beaconsfield Golf Club.

Signature of Parent / Guardian / Responsible person:- ……..

Print Name:-.....Date……

How We Use Your Data

Your data is used to administer your request to participate into our competition, under the terms of our contract with you. Your name, home club, CDH number and scores are shared with the Junior Committee, Intelligent Golf and England Golf for the purpose of competition administration only. We retain contracts until the child is no longer eligible for entry, after that your details will be destroyed. We will contact you each year regarding details of the event. If you do not wish to be contacted please tick here. ☐

Competitors Signature: …….....

Signature of Parent / Guardian / Responsible person:- ……..

Print Name:-.....Date……

PLEASE NOTE;- THIS FORM MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN NON ACCEPTANCE OF ENTRY INTO THE COMPETITION.