



JUNIOR GOLFER REGISTRATION FORM

Name:

Course Details: (Date&Time)

Parent/Guardian name:

Parent/Guardian email address: (For future dates)

Emergency Contact Details: (Please supply 2 telephone numbers)

Please give details of any medical conditions/allergies we should be aware of:

Do you give permission to staff at Holtje Golf Academy to administer first aid or call the emergency services where appropriate?

Please circle: YES NO

Parent/Guardian signature:
