



# West Herts Golf Club Junior Open

## Monday 5<sup>th</sup> August 2024

### Entrance Fee £30.00

Includes prizes, on course refreshments and lunch

(Under 18 on 1.1.2024 – Maximum Handicap Index 24.4 - Boys / 32.0 - Girls)

**HERTFORDSHIRE GOLF ORDER OF MERIT QUALIFIER 2024**

**JUSTIN ROSE TELEGRAPH JUNIOR CHAMPIONSHIP QUALIFIER 2024**

### 18 hole Individual Medal

### Scratch & Handicap Prizes

The draw start sheet will be posted on the website and sent by email week commencing 29<sup>th</sup> July.

[www.westhertsgolfclub.co.uk](http://www.westhertsgolfclub.co.uk)

**No competitor may win more than one prize.**

**Closing date Sunday 28<sup>th</sup> July**

## Junior Open - Monday 5<sup>th</sup> August 2024

Entry form and remittance to be sent to Denise Fiori, Golf Operations,  
West Herts Golf Club, Rousebarn Lane, Croxley Green, Herts WD3 3GG.

Tel: 01923 236484 Email: [golf@westhertsgolfclub.co.uk](mailto:golf@westhertsgolfclub.co.uk)

Full Name .....	DOB .....	M / F?
Address .....	England Golf/CDH Membership No .....	
	Club .....	
Postcode .....	Email .....	
Tel No .....	Mobile No .....	

**Entries will not be accepted without a child protection form.**

Please pay online via our website or transfer to HSBC Account number: 82088657, Sort code: 40-45-27  
using 'JO' plus your name as the reference.

Refunds are not available after the closing date

# West Herts Golf Club



## CONSENT FORM - SAFEGUARDING AND CHILD PROTECTION

Name of Child or Young Person:	Date of Birth:
Competition:	Date:
Parent/Guardian's Name(s):	
Emergency Telephone Numbers:	
Mobile Number:	Work Number:
Email:	

### MEDICAL INFORMATION

Does your child experience any conditions requiring medical treatment and/or medication?  YES \*  NO  
\* If YES, please give details, including medication, dose and frequency:

Does your child have any allergies?  YES \*  NO  
\* If YES, please give details:

Does your child have any specific dietary requirements?  YES \*  NO  
\* If YES, please give details:

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I hereby give permission for the Club responsible person to give the 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):

Print Name: Date:

### PHOTOGRAPHY/VIDEO

**PHOTOGRAPHY PERMISSION** I agree that photographs/videos can be taken during the event and for these photographs /videos to be used in a publication or shown in a public place  
 YES  NO

Signed (Parent/Guardian):

Print Name: Date:

**TO BE COMPLETED BY THE CHILD**  
I agree that photographs/videos can be taken during the event and for these photographs/videos to be used in a publication or shown in a public place  
 YES  NO

Signed (Child):

Print Name: Date: