



# RALPH MOFFITT BOWL

## Junior OPEN Meeting Monday, August 17th 2020

NAME.....DATE OF BIRTH.....

ADDRESS.....

TEL NO.....CLUB.....CDH NUMBER.....

E-MAIL ADDRESS.....

**Please return by Wednesday August 12th 2020 with a cheque/cash/Bacs for £20.00**  
**Entries received without a CDH Number will not be accepted.**

To – The Competition Secretary, Gorleston Golf Club, Warren Road, Gorleston. Norfolk. NR31 6JT

Starting times will be notified to you by e-mail

### [Parent/Guardian Consent Form](#)

In your child's interests it is important that Gorleston Golf Club is aware if he or she suffers from any illness or medical condition or has any special dietary needs. It is also important that we are able to contact you in an emergency. We ask, therefore, that you please complete the following sections. Gorleston Golf Club will hold the information given in confidence and you are asked to ensure that any changes are notified to the Secretary/Manager immediately.

Name of Parent/Guardian .....

Contact numbers - Home ..... Work .....

Mobile .....

### Medical Details

I consent to my child receiving medical treatment which, in the opinion of a qualified Medical Practitioner, may be necessary.

His/her NHS number is ..... and his/her registered General Practitioner is:

Name ..... Telephone No .....

Please state below if your child is suffering from any medical condition, or is taking regular medication, including dosages and frequency of use, which might affect his participation in events organised by Gorleston Golf Club. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your child.

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Signature of Parent/Guardian.....Date.....