



LUMPHANAN GOLF CLUB
 MAIN ROAD, LUMPHANAN

APPLICATION FOR MEMBERSHIP

Please complete in block capitals and also the following page for Junior Applicants

Date:

Title:

Name:

Address:

..... Post Code:

Tel No:

Email:.....

Occupation:.....

Other Clubs:

Will Lumphanan be your home club for handicapping purposes: (Y/N).....

Date of Birth : Current Handicap.....

Signature of Applicant:

Signature of Seconder (if possible):

GREEN FEES – 2009 (no joining fees)

Adult	£170
Young Adult (18-21 on 1 st Jan 09):	£80
Junior Category A (16 or 17 yrs on 1 st Jan 09):	£50 - complete following page
Junior (under 16yrs on 1 st Jan 09):	£35 - complete following page
Senior Adult (65 yrs or over on 1 st Jan 09):	£110
Social Member:	£10

Please indicate which membership is being applied for and make cheques payable to LUMPHANAN GOLF CLUB.

Return this completed form together with appropriate fee to the Club Secretary,
 Lumphanan Golf Club, 10 Glenannan Cottages, Main Road, Lumphanan, Banchory,
 AB31 4PW. Tel: 013398 83696

Lumphanan Golf Club Medical Consent Form and Consent for Use of Phtotographs, Film or Video Recordings of Children (under 18 yrs on 1.1.09)

Name of Child: Date of Birth:.....

1) Consent To Medical Treatment

The following information and consent is requested to ensure the health and well being of all children participating in Lumphanan Golf Club activities. The information contained in this form is confidential and will only be used to safeguard and promote the child's health and well being should the need arise.

Name of General Practitioner:

Address:

Telephone:

Please provide details of any pre-existing medical conditions that may affect the child participation in the activity/event/programme:

Details of any medication or treatment required:

Details of any existing injuries (include when injury occurred and the treatment received):

Details of any allergies, including allergies to medication:

Parent/Guardian/Legal Carer

I,*[insert name of parent/guardian/carer]* consent to the above named child receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform Lumphanan Golf Club should any of the information contained in this form change.

Signature:

Print Name:

Relationship to child:

Date:

2) Photographic Consent

I *[parent/guardian/carer]* consent to Lumphanan Golf Club photographing, filming or videoing the above named child's involvement in Lumphanan Golf Club activities. Such filming or photography may be used for the purpose of clubhouse photographs, newspaper sporting articles and promotion of Lumphanan Golf Club.

Signature

Print Name

Relationship to child

Date: