

THE LINKS GOLF CLUB, NEWMARKET

# JUNIOR OPEN

**MONDAY 6<sup>th</sup> APRIL 2020**

*(EASTER HOLIDAYS)*

*Open to all Junior Golfers (Boys & Girls)*

*Entrants must be under 18 years as at 1<sup>st</sup> January 2020*

**A Daily Telegraph Junior Championship Qualifier**

**18 HOLE MEDAL – 0-54 CONGU Hcp – TEE OFF from 9am**

## **CUPS**

Scratch Cup  
Handicap Cup 0-21 Hcp  
Handicap Cup 22-54 Hcp  
Team Cup

## **PRIZES**

1st, 2nd, 3rd Scratch & Handicap  
Best Team of 4 - 3 Handicap scores to count  
Longest Drive  
Nearest the Pin

**Entry Fee £20.00**

*(includes meal)*

**A CURRENT HANDICAP CERTIFICATE MUST BE PRODUCED ON THE DAY**  
**PARENTS / CADDIES / BALL SPOTTERS ARE NOT PERMITTED ON THE COURSE**

**ENTRIES CLOSE WEDNESDAY 25<sup>th</sup> MARCH 2020**

***Return your Entry Form, Parent Consent Form, Cheque and a Stamped SAE to:  
The Secretary, Links Golf Club, Cambridge Road, Newmarket, Suffolk CB8 0TG  
Telephone: 01638 663000***

Email: [secretary@linksgolfclub.co.uk](mailto:secretary@linksgolfclub.co.uk)



# LINKS GOLF CLUB, NEWMARKET

## PARENT CONSENT FORM

The safety and welfare of boys and girls in our care is paramount. For that reason it is important that the Links 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 the event of an emergency. Could you please, therefore, complete the following sections. The Links Golf Club will hold the information given in strict confidence and you are asked to ensure that any changes are notified at once using the contact information at the foot of the page.

NAME OF JUNIOR. ....

DATE OF BIRTH. ....

MAIN ADDRESS. ....

.....

POSTCODE .....  
.....

	CONTACT 1	CONTACT 2
NAME OF PARENT OR GUARDIAN. ....	.....	.....
TEL. (HOME). ....	.....	.....
TEL. (WORK).....	.....	.....
TEL. (MOBILE). ....	.....	.....

### MEDICAL DETAILS

I consent to my son / daughter receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

His / Her NHS Number is.. .....and His / Her Registered Practitioner is:

NAME ..... TEL. ....

SURGERY ADDRESS. ....

Please state below if your son / daughter is suffering from any medical conditions, has any allergies, or is taking regular medicine which will affect his / her participation in events organised by the Links Golf Club. Details of medication should include dosages, frequency of use and where it would normally be kept (e.g. Golf Bag). Please indicate if there are any special dietary needs of which we should be aware or of any other circumstances which may relate to the care of your son / daughter.

.....  
.....  
.....

...Continue overleaf if required

### PHOTOGRAPHY

As part of our responsibility to safeguard the welfare of competitors, permission is sought from parents or guardians for photographs, which may be used in a publication (Junior Newsletter, Local Newspaper, etc.) or may be shown in a public place (Club Noticeboard or Club Website). If you **do not** wish such images to be used please indicate in the space above and every effort will be made to comply with your preference.

SIGNATURE OF PARENT / GUARDIAN. .... DATE. ....