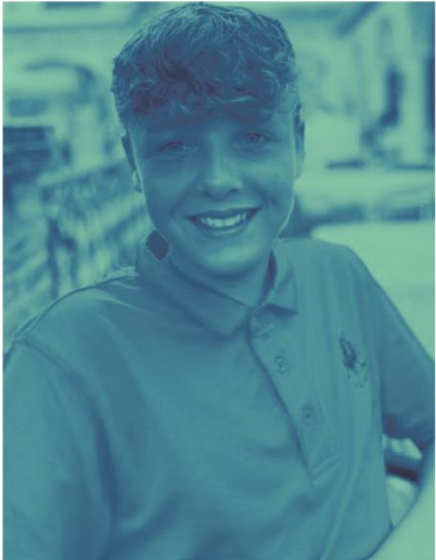


**St Andrews Golf Club**

Junior/Juvenile Membership Application Form



**Please Note:**

- All applications must comply with the Rules of the Club’s constitution.
- The Committee of Management reserves the right to reject an application.
- Personal information will be kept in the strictest confidence.
- **Membership of The St Andrews Golf Club does not come with playing rights.**
- **Juniors MUST have a Links Ticket to be able to play in competitions and matches UNLESS the full green fee is paid.**
- **Juniors MUST pay the joining fee to be able to play in adult competitions or before they turn 18 and move into the full adult category.**

**Name Of Applicant:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Office Use only**

Application Processed ____ / ____ / _____	
Waiting Category: _____	Waiting List No: _____
Processed Into the System <input type="checkbox"/>	E-mailed Non-refundable Deposit <input type="checkbox"/>
E-mailed Out Joining Fee £420 <input type="checkbox"/>	E-mailed Out Membership Subscription <input type="checkbox"/>

## Applicant's Personal Details:

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: (Must be unique on its own to work for handicap) \_\_\_\_\_

Do you wish The St Andrews GC to be your home club?      YES / NO

If NO, please confirm your home club: \_\_\_\_\_

Signature Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seconded By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CDH No. (if known): \_\_\_\_\_ Current Handicap: \_\_\_\_\_

**PROPOSER AND SECONDER MUST BE MEMBERS OF THE ST ANDREWS GOLF CLUB**

# Parent/Guardian/Carer Consent:

Please return the completed form to the Secretary, The St Andrews Golf Club, Links House,  
13 The Links, St Andrews, Fife, KY16 9JB

## PLEASE COMPLETE BOTH SIDES OF THE FORM

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact details (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any relevant medical information:

Any Allergies? \_\_\_\_\_

Doctor's name and address? \_\_\_\_\_

\_\_\_\_\_

## Consent (Please Read Carefully)

- a) I agree to the applicant taking part in the activities of the club.
- b) I confirm to the best of my knowledge that the applicant does not suffer from any medical condition other than those listed above.
- c) I consent to the applicant travelling by any form of public transport, minibus, or motor vehicle driven by a club coach or any other parent attending, any event in which the club is participating.
- d) I understand that the Club or Organisers accept no responsibility for loss, damage, or injury caused by or during attendance on any of the Club's organised activities except where such loss, damage, or injury can be shown to result directly from the negligence of the Club or the Organisers.
- e) I agree for the applicant to be photographed/filmed for club purposes/marketing/social media etc.
- f) I agree that the joining fee must be paid before the child moves into the adult category once they have reached their 18<sup>th</sup> birthday.

Signed (Parent/Guardian/Carer) \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE – ANY FALSE OR MISLEADING INFORMATION PROVIDED WILL RESULT IN  
THE MEMBERSHIP APPLICATION BEING REJECTED BY THE COMMITTEE OF MANAGEMENT**



SHOULD ANY PART OF THE APPLICATION PROCESS REQUIRE EXPLANATION  
PLEASE DO NOT HESITATE TO CONTACT THE CLUB SECRETARY