



## INTRODUCTION TO GOLF

Please complete the registration form and post it with the **\$5 entry fee** to:  
Camden Lakeside Ladies, PO BOX 312, NARELLAN NSW 2567

**Registration closes Thursday 30th June, 2011**

**Cheques Payable to:** Camden Lakeside Country Club Lady Members

# REGISTRATION/PARENTAL CONSENT FORM

Childs Full Name:		Age:
Address:		
		Postcode:
Parent's Phone:	Email:	
Parent's /Guardian Full Name		
School:	Class:	

**Medical Details:** To be completed by Parent/Guardian in case of an emergency.

Medical/Hospital Insurance Name:	Member No:	
	Ambulance No:	
	Medicare No:	
<b>Does your child currently take any medication?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If Yes please state Name of medication and dosage.</i>		
Name of medication:	Dosage:	
<b>Does your child suffer from any of the following?</b>		
Fits of any type <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Migraine <input type="checkbox"/> Other <input type="checkbox"/>		
Allergies to : Penicillin <input type="checkbox"/> Foods <input type="checkbox"/> Drugs <input type="checkbox"/> Other <input type="checkbox"/>		
Comments:		
What special care is recommended?		

**Parent/Guardian Consent:** To be completed by Parent/Guardian.

I \_\_\_\_\_ the undersigned, hereby authorise Camden  
(FIRST NAME) (SURNAME)

Lakeside Country Club or its nominated representative, to make such arrangements as are deemed necessary by the attending medical practitioner in the event of medical treatment being necessary in respect of my child.

Please enrol my child into the Introduction to Golf for girls.

Parent's/Guardian Signature: X	Date:
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Enquiries please contact Penny Kelly on **0416058716** or email [paulpenny.kelly@bigpond.com](mailto:paulpenny.kelly@bigpond.com)