



# Northern Territory Junior Masters Monday 1 July – Friday 5 July 2013

PO Box 260, Palmerston, NT 0831

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ABN : 81 685 331 232



## PERMISSION FOR CHILD TO ATTEND GOLF CLINIC

CHILD'S SURNAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE (Please Circle) SCHOOL \_\_\_\_\_

MEMBER OF GOLF CLUB-YES/NO (Please Circle) IF YES - NAME OF CLUB \_\_\_\_\_

HANDICAP \_\_\_\_\_ GOLF LINK NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY TELEPHONE CONTACTS 1. \_\_\_\_\_ 2. \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

UNDER MEDICATION \_\_\_\_\_

**Has your child any special medical condition or disability which may affect him/her whilst taking part in any activities?  
(eg. Asthma, ADD, etc.) YES/NO (Please circle) If yes please give details \_\_\_\_\_**

I authorise the supervisor/s of the clinic to obtain medical attention for my child should the need arise and to obtain any medical or hospital treatment which may be necessary. **I accept responsibility for payment of any costs incurred.**

**YOUR CHILD MUST WEAR :** Appropriate golf attire e.g. collared shirt, shorts/skirt, shoes & socks.

NO SINGLETS OR THONGS PERMITTED.

**YOUR CHILD IS ASKED TO BRING :** Water bottle, sunscreen, hat. (Golfing equipment including clubs, glove if possible).

**Mid Year Junior Golf Clinic Inc take no responsibility for golfing equipment and personal effects including mobile phones, ipods, ipads, etc.**

**I agree to pay \$130.00 ( siblings \$104 with proof) to cover clinic costs and I give permission for my child to participate in the clinic at Palmerston Golf & Country Club and to travel by Hire Bus on an excursion to Darwin Golf Club and/or Flight Path.**

For children who live outside of a 300km radius of Darwin the fee is reduced to \$30, to assist with travelling expenses.

**Nominations with full payment close 21 June 2013.**

**Please indicate method of payment :**

**DIRECT DEPOSIT :** Mid-Year Junior Golf Clinic Inc. BSB : 805-050 Account No : 63294960

**CASH / CHEQUE (Made Payable to Mid Year Junior Golf Clinic Inc.) NO EFTPOS AVAILABLE**

PARENT/GUARDIAN'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_