



*Teilgin agus Ámais Éireann*

# Pitch and Putt Ireland

IRISH SPORT HQ • SPORT IRELAND CAMPUS • BLANCHARDSTOWN • DUBLIN 15 • D15 DY62

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## Pitch and Putt Club

Club Address

### Juvenile Membership Application Form

Name: \_\_\_\_\_ Male/Female/Other : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent / Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent / Guardian e-mail: \_\_\_\_\_

My Child is in good health but I understand that it is my duty to advise the Pitch and Putt Club of any changes. In the event of illness, having parental/ (legal) guardian responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize medical practitioner to provide emergency treatment or medication.

I hereby consent to the above child participating in the Pitch and Putt activities of the P&P Club in line with the Code of Ethics for Young People. I confirm that all details are correct, and I am able to give parental/ (legal) guardian consent for my child to participate in any matches or Pitch and Putt event organised by the above Club and any other affiliated Club and to be on any Pitch and Putt Premises (Clubhouse, Course and Practice Areas). I acknowledge however with this, that both the Club and others do not have responsibility for providing adult supervision for my child except for Formal Coaching and Competitions.

I further consent to my child:

1. Playing with older children/adults in County, Regional or National events
2. Receiving outdoor or indoor coaching or any other instruction from any Club Coach, County Coach or National Coach
3. Receiving instruction and advice from any Club or County Officer, Club, County or National Official or any other authorised Representative
4. Receiving such advice and instruction as may be considered to be reasonable in the circumstances from Club, County or National Officer to protect the interests of my Child whilst they are properly involved in any event organised by the Club, County or National body in part or the whole
5. Being included in any Team or Group photographs, or being the subject of Coaching and Instruction by Video

**Photographs** I understand that photographs and video's may be taken during or at sport related events and may be used in the promotion of the sport.

I understand that this information will be shared with Pitch and Putt Ireland.

Please tick if your child has a disability \_\_\_\_\_

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

**Juvenile Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_