



Golf Lane, Church Brampton, Northampton, NN6 8AZ  
T: (01604) 843025 W: www.countygolfclub.org E: clubmanager@countygolfclub.org

## Membership Application Form

### Applicant

**Full Name:** .....

**Address:** .....

.....

**Telephone: Private:** ..... **Mobile:** .....

**Date of Birth:** ..... **Occupation:** .....

**E-mail:** .....

**Golf Handicap:** ..... **Club where held:** .....

**CDH No:** .....

<b>Proposer:</b>	<b>Secunder:</b>
Full Name: .....	Full Name: .....
Signature: .....	Signature: .....

### Membership Category

Please state whether you wish to apply for Full, Country, Junior, 9 Hole, Non-playing or Colt Membership. NB: When applying for Colt Membership we do not require the proposal and seconder forms.

.....

### Conditions

If my application is accepted, I agree to be bound by the Rules and Bye-Laws of the Northamptonshire County Golf Club.

**Applicant's Signature:** ..... **Date:** .....

*Note: See overleaf for instructions concerning the completion of this form*

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### FOR OFFICE USE ONLY

Date form received ..... Date Interviewed .....

Accepted: ..... (Yes/No) Application Ref No: .....



## **NORTHAMPTONSHIRE COUNTY GOLF CLUB MEMBERSHIP APPLICATION FORM**

### **COMPLETION OF MEMBERSHIP APPLICATION FORMS**

1. The proposer and seconder are responsible for the applicant's eligibility in accordance with Club Rule 4. The proposer is to ensure that the application procedures are undertaken accurately and correctly.
2. Both proposer and seconder are to be full Club Members of not less than 3 years and 2 years standing respectively. The proposer is to have known the candidate for not less than 5 years and the seconder not less than 2 years.
3. Neither the proposer nor the seconder is to have proposed or seconded more than two candidates within the 12-month period commencing 1st March.
4. To be eligible for playing membership, all male candidates are to possess an official golf handicap of 27 or less and female candidates 35 or less. Applicants who do not possess current handicaps may alternatively submit three cards in accordance with Part 3 of the CONGU Standard Scratch Score and Handicapping Scheme, which the Golf and Competitions Sub-Committee will assess for the award of a handicap.
5. This application form, when completed, is to be forwarded to the Club Manager together with:
  - a. A letter from the candidate outlining the background to his/her application and the reasons for his/her wishing to become a member.
  - b. Completed questionnaires from both the proposer and seconder stating how long they have known the candidate and what they know of his/her personal standing and reputation and of his/her ability as a golfer, if applicable. The proposer would be expected to have played golf with the applicant. NB: These forms are not necessary when applying for Colt membership.
  - c. A current golf handicap certificate, if applicable.
6. All membership applications will be acknowledged, and interviews will be arranged at the earliest opportunity.



## NORTHAMPTONSHIRE COUNTY GOLF CLUB

### PLAYER PROFILE FORM (UNDER 18)

***The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.***

***It is the responsibility of the junior and their parent/guardian to notify the Junior Organiser if any of the details change at any time.***

<b>Name Of Child</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Telephone Number</b>	

<b>Parents' Names</b>	<b>Father</b>	<b>Mother</b>
<b>Address</b>		<i>(If different)</i>
<b>Home Telephone No</b>		
<b>Mobile Telephone No</b>		
<b>Work Telephone No</b>		

<b>Emergency Contacts</b>	
<b>Contact 1 Name</b>	
<b>Relationship to child</b>	
<b>Home Telephone Number</b>	
<b>Mobile Telephone Number</b>	
<b>Work Telephone Number</b>	

<b>Contact 2 Name</b>	
<i>Relationship to child</i>	
<i>Home Telephone Number</i>	
<i>Mobile Telephone Number</i>	
<i>Work Telephone Number</i>	

**Medical Information**

<i>Child's Doctor's name</i>	
<i>Doctor's Surgery Address</i>	
<i>Telephone Number</i>	

2. Does your child experience any conditions requiring medical treatment and/or medication?

\*Yes      No      If yes please give details, including medication, dose and frequency.

3. Does your child have any allergies?

\*Yes      No      \*If yes please give details.

4. Does your child have any specific dietary requirements?

\*Yes          No          \*If yes please give details.

5. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

## Disability

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

Do you consider your son/daughter to have a disability? \*Yes          No

\*If yes what is the nature of your disability?

Visual impairment          Hearing impairment          Physical disability

Learning disability          Multiple disabilities

Other (Please specify):

6. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.
- I agree to notify NCGC should the above details need to be updated/changed and if my son/daughter should not be participating in an event/activity due to illness or injury.
- I, ....., being parent/guardian of the above named child, hereby give permission for the NCGC responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- I agree/ do not agree (*delete as appropriate*) to the name and home telephone number of my child appearing in the club diary

<b>Signed – Parent/Guardian</b>	
<b>Print name</b>	
<b>Date</b>	



## NORTHAMPTONSHIRE COUNTY GOLF CLUB

### CODE OF CONDUCT FOR YOUNG PEOPLE

This code of conduct has been written to make sure that all young golfers at Northamptonshire County Golf Club know the standards of behaviour that are expected of them when playing golf or attending coaching. This will help the volunteers, coaches and staff at the club look after you and make sure that every young person is able to enjoy their time at the club.

- Treat all other golfers, whether adult or junior with the same respect and fairness you would like them to show you
- All golfers should be able to participate in golf without fear of ridicule, harassment or restriction. Uphold this value in all that you do.
- Demonstrate fair play on and off the course. Respect differences in gender, disability, culture, race, ethnicity and religious beliefs between your self and others
- Challenge discrimination and prejudice
- Look out for yourself and the welfare of others
- Do not engage in any irresponsible, abusive, inappropriate or illegal behaviour
- Challenge behaviour that falls below the expected standards of the club
- Speak out if you are concerned about anything, your own needs or the needs of others
- Be organised and on time
- Do not leave the club following a coaching session, match or competition without the knowledge and permission of the Junior Organiser or person in charge
- Follow the club rules and dress codes
- Listen to the junior organiser and other representatives of the club and comply with their requests. They have your best interests and those of the whole group in mind.
- Demonstrate the highest standards of behaviour at all times
- Advise the junior organizer or coach of any medical conditions which may affect your standard of play
- You must not:
  - Consume alcohol or illegal and performance enhancing drugs
  - Smoke
  - Use foul language
  - Engage in sexual behaviour
  - Gamble (e.g. on gaming machines)

I agree to abide by the above code of conduct while in the care of, or representing Northamptonshire County Golf Club.

**Signature of Junior Member:** .....

**Name (printed):** .....

**Date:** .....

**I understand and agree that my child must abide by the above code of conduct.**

**Signature of Parent/ Guardian:** .....



## NORTHAMPTONSHIRE COUNTY GOLF CLUB

### PERMISSION FORM FOR THE USE OF PHOTOGRAPHIC IMAGES

This form is to be signed by the legal guardian of a child or young person under the age of 18, together with the child or young person.

Northamptonshire County Golf Club recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people, we will not permit photographs, video images, or other images of young people to be taken or used without the consent of the parents/ carers and the young person.

NCGC will take steps to ensure that these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the club. Please refer to the NCGC Child Protection Procedures regarding the use of images of children.

If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer immediately:

Kirstie Third 07949 111924

kirstie@englishwomensgolf.org

If, at any time, either the parent/ carer or the young person wishes their image to be removed from the NCGC website, 7 days notice must be given to the Secretary, after which time the image will be removed.

✂ \_\_\_\_\_

#### To be completed by the parent/ carer:

I \_\_\_\_\_ (*full name of parent/ carer*) consent to NCGC photographing \_\_\_\_\_ (*name of young person*) under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I also confirm that there are no restrictions related to taking photographs.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Telephone number \_\_\_\_\_

#### To be completed by the young person:

I, \_\_\_\_\_ (*name of young person*) consent to NCGC photographing my involvement in golf under the stated rules and conditions.

Signed \_\_\_\_\_

Date \_\_\_\_\_