

**Clwb Golff CILGWYN Golf CLUB**

**Junior Open & Dyfed Order of Merit Event**

**Including Justin Rose Telegraph**

**Saturday 8TH JULY 2023**



**PLEASE COMPLETE THIS ENTRY FORM**

**Full Name: ……………………………………… Club: ……………………………………………**

**Contact Number ……………………………………. Email: …………………………………. Date of Birth: …………………………. CDN Number ………………………………………..**

**World Handicap Index: ……………………**

**Entry fee £15 (including food) Deadline for Entry Thursday 23rd June**

**I enclose Cheque/ Cash in payment of Entry Fee (cheques made payable to Cilgwyn Golf Club)**

**Signature ………………………………… Date ………………………………………**

**Entries and enclosed parental consent forms to be sent to Karen Bayliss,**

**Cilgwyn Golf Club, Llangybi, Lampeter, Ceredigion. SA48 8NN or Email.**

**Any questions, queries please contact Karen on 07817 961114 or Kazten@icloud.com**

**Event Conditions:**

**Format: Order of Merit**

Boys - Handicaps 0-24, Medal off white tees over 18 holes (OOM)

Girls - Handicap 0-36, Medal off red tees over 18 holes (OOM)

Boys - Handicaps 25-36, Stableford off yellow tees over 18 holes

If there is room to fit mixed high handicap comp for 9 holes will advise, approximately a week before .

* Eligibility - boys and girls who are under the age of 18 on the 1st January 2021
* Starting time sheets will be circulated via email after the entry deadline (23rd June).
* Caddies - all 18 hole players must adhere to Dyfed Golfing Union Junior Order of Merit Rules regarding caddying and interaction with competitors, which states parents must not come within 25 yards of play and may not interfere in anyway. Failure to abide by this may result in the child being disqualified.
* Distance Measuring Devices - a player may obtain distance information by using a device that is designed to measure distance only.
* Local Rules - applicable local rules are as printed on the scorecard provided on the day. Any additions or changes to these local rules will be notified to competitors on the day of the competition.
* Results and prize presentation will be presented as soon as the last card has been returned. In the event of a tie, a decision will be made on count back.
* Prizes for top 3 in each category and also a lowest gross prize for girls and boys.
* Committee: This competition is organised by Cilgwyn Golf Club who will

rule on any disputes that may arise and their decision shall be final.



Junior Parental Consent Form – Cilgwyn Golf Club

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so 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 to notify Cilgwyn Golf Club if any of the details change at any time.

I ………………………………………………………………… (Parent/Guardian name) confirm that my child named below has my permission to compete in this event and to be on the premises of Cilgwyn Golf Club.

**Contact Details:**

Competitor's name (please print): ………………………………………………………………………………………………………

Emergency contact name and telephone number (on day of event): …………………………………………………

**Disability / Medical Information:**

Do you consider your child to have a disability, or a medical condition? (Please tick below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physical | Learning | Sensory | Wheelchair User | Prefer not to identify | Other |
|  |  |  |  |  |  |

Please indicate below any health related matters or anything else we should know about, e.g. asthma/allergies. Any information given will be treated in the strictest of confidence. However, please be aware that this information will be passed onto the medical emergency services should the need arise -

**Medical Conditions:** ................................................................................................................................

Name of competitor's Doctor/GP: /Tel: ……………………………………………………………………………………………… I, ………………………………………………………………………………… being the parent/guardian or the above named child, hereby give permission for any person having responsibility for the Cilgwyn Golf Club’s Junior Open Day 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed ……………………………………. Parent/Guardian Date …………………………………



PHOTOGRAPHY CONSENT FORM

Please help us to safeguard your children. This form is to be signed by the parent, or legal guardian of a child, under the age of 18, together with the child. Cilgwyn Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images, or other images of your child to be taken, or used without your consent.

Cilgwyn Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures. Cilgwyn Golf Club will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the club.

If you become aware that these images are being used inappropriately you should inform the Golf Club’s Welfare Officer immediately. The photographs may be available on the club website for promotional purposes.

I............................................................. (Parent/Guardian full name) consent to the photographing or videoing of my child........................................ (Child’s name) during this event under the photography policy of Cilgwyn Golf Club.

I confirm that I am the parent/guardian of this child.

Parent/Guardian Signature............................................ Date.......................................

I................................................................ (Junior full name) consent to be photographed or videoed during this event under the photography policy of Cilgwyn Golf Club.

Player Signature....................................................... Date............................................