



2019

Registration Form

Personal Details:

Member Name: _____ Male/Female (please circle)

Date of Birth: _____ Email _____

Address: _____ Postcode: _____

School Year: _____ School Attending: _____

Name of Parent/Guardian: _____

Telephone: Mobile _____ Other _____

Experience Details:

Have you played tour event run by GolfWA before? **Y / N**

If NO how did you hear about the Tour? _____

Are you attending Golf Clinics/Coaching? **Y / N** Are you a Golf Club Member? **Y / N** If **YES** Do you have a Golfink number? **Y / N**

If **YES** is any of the above, where? _____ Coach: _____

Medical Details:

Is your child presently taking tablets and / or medicine? **Y / N**

If YES, please state name of medication and dosage: _____

Please tick if your child suffers any of the following:

Fits of any type Dizzy spells Travel Sickness Asthma Heart Condition Migraine

Other Comments _____

Does your child have any Allergies to:

Penicillin: **Y / N** Drugs: **Y / N** _____ Food: **Y / N** _____ Other: _____

Dietary Requirements:

Does your child have any other dietary requirements we need to be aware of? **Y / N** (please provide details) _____

Consent to photograph:

I DO consent for my child to be photographed or filmed for marketing and promotional purposes
(please initial if we CAN photograph) _____

I DO NOT consent for my child to be photographed or filmed for any reason (please initial if we CANNOT photograph) _____

Please subscribe me to GolfWA E'news:

SIGNED: _____ **DATE:** _____