

# HARWICH & DOVERCOURT GOLF CLUB

## APPLICATION FORM

<b>Details of Applicant:</b> (Applying for full Membership/Junior Membership/Social Membership/other)	
Full name _____	
Address _____	
Post Code _____	
Date/Place of birth _____	
Parent or Guardian details (In case of under 18) _____	
Telephone (Home) _____	Mobile _____
E-mail address _____	
Signature of applicant _____	
Signature of parent or guardian(if under 18) _____	

<b>Referees:</b> <i>(Two required, who are adult members of Harwich &amp; Dovercourt Golf Club, of at least two years standing, one of whom may be a relative)</i>	
(1) Name _____	
Address _____	
Post Code _____ Telephone number _____	
I have known the applicant for _____ years and consider him/her to be a suitable person to be admitted to membership of Harwich & Dovercourt Golf Club. I agree to undertake mentor responsibility for the applicant for two years from the date of this application	
<b>Signed</b> _____	<b>Dated</b> _____
(2) Name _____	
Address _____	
Post Code _____ Telephone Number _____	
I have known the applicant for _____ years and consider him/her a suitable person to be admitted to membership of the Harwich & Dovercourt Golf Club. I agree to undertake mentor responsibility for two years from the date of this application.	
<b>Signed</b> _____	<b>Dated</b> _____

Application submitted \_\_\_\_\_ Membership approved \_\_\_\_\_

Signature Hon. Secretary \_\_\_\_\_ Date \_\_\_\_\_

**HARWICH & DOVERCOURT GOLF CLUB**  
*(confidential document)*

Name of member \_\_\_\_\_

**Medical Details:**

Under the provisions of Health and Safety and Child Protection Legislation certain situations may require details of members' medical history to be known. These details will be kept in confidence and only used or revealed in emergency situations or circumstances deemed by the club to be of sufficient seriousness to warrant their disclosure. **The revelation of medical details is entirely voluntary, and should the member not wish to disclose such details, there is no compulsion to do so.**

**I agree/ do not agree** to medical details being kept on file and revealed in circumstances as mentioned above.(please strike out which is not applicable).

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed (Parent or guardian) \_\_\_\_\_ Dated \_\_\_\_\_

**Emergency contact details:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_\_\_

**Medical History:**

*(Details of any medical complaint or condition, allergy, or known intolerance to certain drugs or medicines - i.e. heart problems, epilepsy, diabetes etc. It is the responsibility of the member to update this part of the club record during the period of their membership)*

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**Details of General Practitioner.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone number \_\_\_\_\_

*I hereby agree to allow my G.P. to reveal details of my medical history in the event of an emergency situation occurring whilst on Golf Club premises, or whilst representing the club at other golfing venues.*

Signed \_\_\_\_\_ Dated \_\_\_\_\_