



Junior Membership Application Form to Join PEEL GOLF CLUB

Title Name

Address

 Post Code

e-mail

Date of Birth ___ / ___ / ___ Telephone numbers Home
Mobile Work

Type of Membership 0 > 11 12 > 17

Payment method Cash Cheque Debit card
BACS Direct Debit Credit card

Golf Experience

Last Golf Club / Society Last Handicap

Do you propose to have Peel Golf Club as your Home Club?

Yes No CDH No.

Proposer and Seconder

Members of Peel Golf Club who can vouch for the applicant as a fit and proper person to be a member of Peel GC Ltd.

Proposer Name Signature
Seconder Name Signature

Dear Parent / Guardian

If the application for membership is accepted it would be helpful if you will kindly let us have, in addition to the above information, and in confidence, the name of your child's Doctor together with any current medical conditions or treatments, details of which it would be sensible for the Club to hold.

You have the right to see copies of information we hold on your child and to correct any errors. If you wish to see a copy of his / her record please write to the Club Secretary including a stamped addressed envelope.

From time to time the Club may wish to publicise junior events in the Press and on the Club website. This could involve photographs, names and ages of juniors. Please sign the declaration below indicating whether or not you agree to such publication.

I agree / disagree # to pictures, name, address and / or age of my child being published on Peel GC website or in the press. And agree to my child being bound by the rules of the club and any instructions issued from time to time by the Management Committee # delete as appropriate.

Name of Child _____

Signature of Parent / Guardian _____ Date ___/___/201_

Medical Information

Doctor
Medical Conditions

GENERAL DATA PROTECTION REGULATION – CONSENT FORM

Here at Peel Golf Club we take your privacy seriously and will only use your personal information to maintain our internal records and to contact you regarding relevant information about the golf club and matters that may affect you. These matters will include but not be limited to annual renewal advice, competitions and events taking place at the golf club, rules and regulations relating to membership, pro shop offers, updates on the game of golf generally and any updates regarding the management of the club and course.

The only personal details that we will ever keep are your name, address, telephone number, email address and date of birth.

For those who use our direct debit service for annual fees your personal finance details will be passed onto the finance company that administers the scheme. Where appropriate, Health information is required to comply with the use of the Club's Buggy Hire Policy.

Your personal details are never passed onto a third party without your prior consent however details are provided to the following organisations for handicap purposes and to enable us to administer our email communication system for club members, England Golf/ WHS, Cobra, BRS, and Handicap master. They are also passed to the Pro Shop for the purpose of handicaps, booking Tee times, competition entry.

You may withdraw your consent at any time by informing the club secretary. You may also see your personal records upon request.

You should read this form and be satisfied with the terms outlined before completing your application form and providing your personal details.

In completing this form you consent to any information you provide being held and processed by Peel Golf Club for the purposes set out above. Your information will be held in manual/electronic systems.

The new GDPR regulations require each member to consent to receiving communications from the club (opt-in) or to decline (opt-out).

Please tick the relevant box

You can change your consent option at any time by contacting the club Secretary.

As the parent/guardian of the junior member referred to above I confirm that I have also reviewed this document and confirm my agreement to the same

OPT-IN
(Consent to receive)

OPT-Out
(Do not wish to receive)

Name _____

Signed _____

Date _____