

## Registration Form



### PARTICIPATION INFORMATION

Participant First Name: \_\_\_\_\_ Participant Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Is this your first time participating in the MyGolf program: Yes / No (Please circle)

Does the participant have a Golf Link number: \_\_\_\_\_ If Yes, Participant Golf Link Number: \_\_\_\_\_

Does the participant suffer from any of the following:      Fits      Dizzy Spells      Travel Sickness      Asthma  
Heart Condition      Migraines      Penicillin      (Please circle)

Does the participant have any Allergies: \_\_\_\_\_

Will the participant be receiving a MyGolf Participant pack?: \_\_\_\_\_ Yes/No (please circle)

Other comments: \_\_\_\_\_

### -----PARENT/ GUARDIAN INFORMATION-----

Parent / Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### TERMS & CONDITIONS

I \_\_\_\_\_ don't / do (please circle) give my consent to the MyGolf program using my child's name and image (including photography) in any form or medium for general marketing and promotional activities.

I \_\_\_\_\_ don't / do (please circle) understand that the personal information collected on this form is used for the purpose of processing my request for participation in the MyGolf program. MyGolf may also use this information to send you golf related information or offers.

I \_\_\_\_\_ don't / do (please circle) hereby authorise the MyGolf Centre or its nominated representative to make such arrangements as deemed necessary by the attending medical practitioner In the event of emergency medical treatment being necessary In respect of my child.

**PARENTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return to Carpentaria Golf Club with your payment of \$85 before 16<sup>th</sup> April to receive your child's participation pack.