



GENERAL MANAGER:  
L. WALKER  
TEL: 01993 822583  
E MAIL: [manager@burfordgolfclub.co.uk](mailto:manager@burfordgolfclub.co.uk)

**BURFORD**  
GOLF CLUB

BURFORD GOLF CLUB LIMITED  
REGISTERED OFFICE: BURFORD GOLF CLUB  
BURFORD  
OXFORDSHIRE  
OX18 4JG  
[www.burfordgolfclub.co.uk](http://www.burfordgolfclub.co.uk)

Dear Sir or Madam

Thank you for your interest in the Burford Golf Club Academy package. It is a low cost pathway for children to try golf, and build confidence in their game, before becoming Burford GC Junior members. This scheme is beneficial for those under the membership age limit, or those who may not be completely sure if golf is for them, however anyone under the age of 14 can join. Academy Players are not members of Burford Golf Club however receive the following benefits:

- An induction session (with accompanying adult) & FREE half hour coaching session
- Parents/player will have access to the Clubhouse and be able to purchase food and drink
- Entry to coaching sessions at weekends and in school holidays at same price as Junior members
- Access to Burford Juniors Facebook page
- Use of practise ground (with adult supervision)
- - Golf on the course after 3pm Sat & Sun (unless invited by BGC or playing in an organised blue tee competition) between April and October
  - Can play in Junior Roll Up
  - Play from Blue tees
  - Must be accompanied by adult (not necessarily golfer but must have understanding of etiquette)
  - Must check into shop/bar before going out
  - No dress code on practise ground/outside of clubhouse, equivalent to school dress code on course/inside the clubhouse
- Pocket Rules of Golf booklet
- If the child then joins as a Junior member, the Membership fee will be reduced by the amount already paid

The cost of the Academy Package is only £40.00 per year but is free if the child has a guardian or immediate relation (limited to parents, sibling or grandparent) who is a member of Burford Golf Club. The number of years a child can be an Academy member is limited to 1 year (unless they do not meet the age criteria of Junior Membership or Professional deems that more time is necessary before moving to full Junior membership) with a maximum number of 40 Academy Players per year.

If you have any queries regarding the Academy package please contact the Pro Shop on 01993 822583 Option 2.

Yours faithfully

Leighton Walker  
General Manager

# Application Form

The safety and welfare of all junior golfers 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 the Golf Welfare Officer (GWO) or Secretary if any of the details change at any time.

Name:	
Date of Birth:	
Address:	
Telephone Number:	
Parents Names:	
Address: (if different to above)	
Mobile Tel No:	
Home Tel No:	
Work Tel No:	

## EMERGENCY CONTACTS

Contact 1 - Name:
Relationship to Child:
Mobile Tel No:
Home Tel No:
Work Tel No:
Contact 1 - Name:
Relationship to Child:
Mobile Tel No:
Home Tel No:
Work Tel No:

## MEDICAL INFORMATION

Child's Doctor' Name:

Surgery Address:

Tel No:

Does your child experience any conditions requiring medical treatment and/or medication?

(please delete)    Yes    No

If yes please give details including medication, dose & frequency:

Does your child have any allergies?

(please delete)    Yes    No

If yes please give details

Does your child have any specific dietary requirements?

(please delete)    Yes    No

If yes please give details

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability?

Yes    No

If YES what is the nature of the disability?

Hearing [ ]    Learning [ ]    Physical [ ]    Multiple [ ]

Other: (please specify) .....

Does your child require any additional help? E.g. administering planned medication

Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign language user/dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

# Burford Golf Club Social Media Acceptable Use Policy

Burford Golf Club understands the importance of new technology for development. However we recognize that relevant safeguards need to be put in place by sports clubs to ensure children and young people remain safe whilst online or using social media.

We ask that all parents/carers spend a few minutes to read through and discuss this policy with their child/children.

- I will be responsible for my behaviour when using the internet and other online media at the sports club, including the resources I access and my use of language.
- I will not deliberately browse, download or access material that could be considered offensive or illegal. If I accidentally come across any such material, I will report this to an adult.
- I will not use social networking or the internet to send anyone material that could be considered threatening, offensive, upsetting, bullying or illegal.
- I understand that my use of the internet and other online media on club ICT equipment can be monitored, logged and made available to my coach and other staff members at the club.
- I will not give out any of my personal information such as name, age, address or telephone number.
- I will not share my passwords with anyone else.
- I will not arrange to meet someone unless accompanied by a member of staff or parent/carer.
- I understand that these rules are designed to keep me safe and if they are not followed my parents/carers may be contacted.

We would like parents/guardians to also have access to the group to provide both moderation and also to allow for communication.

Entering your child (and or your) signatures and email addresses below gives us permission to add you to the closed Burford GC Junior Facebook page:

Parent/Carer's Name & Signature:	
Child's Name & Signature:	
Parent's/Carer's email address they use for Facebook:	
Child's email address they use for Facebook:	

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed earlier.
- I agree to notify the Club of any changes.
- I, ....., being parent/guardian of the previously named child, hereby give my permission for the Burford GC responsible person 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.
- The attached signature will denote that my child has my permission to be on the golf club's premises. (please tick if agreed [  ])
- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. (please tick if agreed [  ])

Signed (Parent/Guardian):	
Print Name:	
Date:	

Payment Details					
£40 paid by	Cash [ <input type="checkbox"/> ]	Cheque [ <input type="checkbox"/> ]	Debit/Credit Card [ <input type="checkbox"/> ]	BACS [ <input type="checkbox"/> ]	Relative to a Member [ <input type="checkbox"/> ] Members Name: .....

DATA PROTECTION

We use the information you have given to allow us to fulfil our contractual obligations to you as a prospective member in accordance with our Club's articles/rules/constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding our club activities including events and competitions by way of post, telephone, email or SMS.

'I am happy for you to communicate with me regarding additional club activities via the following means' Please fill in the information and tick the relevant box(es).

Post: Address given on application form	<input type="checkbox"/>
Email: .....	<input type="checkbox"/>
Telephone: .....	<input type="checkbox"/>
Mobile: .....	<input type="checkbox"/>

We may also wish to share your information with the Professional so that they may send you information about their products and services by email. If you agree to your information being shared in this way please tick the box.

If you need to see a copy of our Privacy policy please contact Leighton Walker at Burford Golf Club.

'I understand that should my membership application be successful I will be bound by the Club's articles/rules/constitution'.

'I confirm I have read, understood and agree with the way my data will be used by Burford Golf Club - If under the age of 16 a parent or guardian must sign this form on your behalf.

Signature: (Applicant/Guardian) Delete as appropriate

Date:

Print Name: .....