

**Tuam**  
**Golf Club** *Junior Membership Application Form*



**Phone:** 093-28993

**Mobile:** 089-4036387

**Email:** tuam.golfclub@outlook.com

**Web:** www.tuamgolfclub.com

Name:

Address:

Email:

Mobile:

Phone:

Date of Birth:

Do you hold a current handicap? Yes No

Have you ever held a handicap? Yes No

If yes, what was it and where was it? **Handicap**

Emergency Contact Name:

Emergency contact Number:

**For Online Use Only:**

*Please select one*

**For Offline Use Only**

*Please Tick One*

Type	Tick
Juniors Under 13 - €60	<input type="checkbox"/>
Juniors 13 to 18 - €120	<input type="checkbox"/>

**Tuam Golf Club has a Data Privacy Policy. Your personal data will be stored and used in accordance with this policy and will not be shared with third parties. We will use this data for Club related announcements and promotions, member engagement and feedback and other routine activities necessary for the running of our club. Please indicate your consent for this by checking this box. See Golf Ireland for their complete Privacy Policy.**

*Please note that all successful applicants are subject to our club rules and regulations as set out in our constitution, a copy of which is available on request.*

Please feel free to email your application to us or send it via **WhatsApp**. Our contact details are located at the top of this form.

Handwritten Applicant Signature:

Date:

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**For Office Use Only**

Proposed By:

Seconded By:

Date Ratified:

**\*\* For applicants under 18 years of age, parent name and signature are required in the boxes below:**

**Printed Name:**

**Signature:**

**Date:**



### **Juniors Code of Conduct**

**Tuam Golf Club** wishes to provide the best possible environment for all juniors involved in the golf. Juniors deserve to be given enjoyable, safe sporting opportunities, free of abuse of any kind. These participants have rights, which must be respected, and responsibilities that they must accept. Juniors should be encouraged to realise that they have responsibilities to treat other participants and Golf Leaders with fairness and respect.

**Juniors are entitled to:**

- Be safe and to feel safe
- Be listened to and believed
- Have fun and enjoy golf
- Have a voice in relation to their activities within golf
- Be treated with dignity, sensitivity and respect
- Participate on an equitable and fair manner, regardless of gender, appearance, age, ability, religion or belief, gender identity, disability, social and ethnic background or political persuasion etc.
- Experience competition at a level at which they feel comfortable
- Make complaints and have them dealt with
- Be safe from risk of bullying behaviour
- Say No to things that make them feel unsafe
- Privacy and Confidentiality

**Juniors should always:**

- Give their friends a second chance
- Treat Golf Leaders with respect, (including professionals, coaches, convenors, club officials, etc.)
- Look out for themselves and the welfare of others
- Play fairly at all times, do their best
- Be organised and on time, tell someone if you are leaving a venue or competition
- Respect team members, even when things go wrong
- Respect opponents, be gracious in defeat
- Abide by the rules set down by team managers when travelling to away events, representing the club, school, province or country, etc.
- Behave in a manner that avoids bringing golf into disrepute
- Talk to the Children's Officer within the club/organisation if they have any problems

**Juniors should never:**

- Cheat
- Use violence or engage in irresponsible, abusive, inappropriate or illegal behaviour
- Shout or argue with officials, team mates or opponents
- Harm team members, opponents or their property
- Use bullying tactics to isolate another player or gain advantage
- Take banned substances, drink alcohol, smoke or engage in inappropriate sexual behaviour
- Keep secrets, that may leave them or others at risk
- Tell lies about adults / juniors or spread rumours
- Discriminate against other players on the basis of gender, appearance, age, ability, religion or belief, gender identity, disability, social and ethnic background or political persuasion

\_\_\_\_\_  
**Printed name of Junior**

\_\_\_\_\_  
**Signature of Junior**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Printed name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian Date:** \_\_\_\_\_



## Parents/Guardians Code of Conduct

**Parents are expected to co-sign their child's code of conduct form and this specific parental expectation form.**

As a parent/guardian of a junior member, we would encourage you to consider the following messages as **Tuam Golf Club** wants to help you continue supporting your child to reach their full potential and enjoy their time within golf, therefore please

**To help your child have a positive experience remember to:**

- Focus on what your child wants to get out of golf
- Be the best role model you can be
- Help your child achieve their potential
- Be respectful of other children and coaches
- Communicate with the coach and club/organisation

**Tuam Golf Club believe that parents should:**

- Be a role model for your child and maintain the highest standards of conduct when interacting with juniors, other parents, officials and organisers.
- Always behave responsibly and do not seek to unfairly affect a player or the outcome of the game
- Never intentionally expose any junior to embarrassment or disparagement using flippant or sarcastic remarks.
- Always recognise the value and importance of the officials and volunteers who provide sporting and recreational opportunities for your child. Do not publicly question the judgement or honesty of referees, coaches or organisers. Respect convenors, professionals, coaches, referees, organisers and other players. Parents are welcome to attend events and coaching sessions but should not interfere with the coach or professional while working with the player.
- Encourage your child to play by the rules. Teach your child that honest endeavour is as important as winning and do all you can to encourage good sportsmanship.
- Set a good example by applauding good play. Encourage mutual respect for teammates and opponents.
- Support all efforts to remove abusive behaviour and bullying behaviour in all its forms. Please refer to Anti-Bullying policy guidance
- Respect;
  - The rules and procedures set down by Golf.
  - Your child's teammates and leaders as well as players, parents and coaches from opposing teams.
- Never demonstrate threatening or abusive behaviour or use foul language.

Any misdemeanours and breach of this code of conduct will be dealt with immediately by a Golf official. Persistent concerns or breaches will result in the parent/guardian being asked not to attend competitions if their attendance is detrimental to the child's welfare.

I consent to my son/daughter entering adult competitions when they attain the appropriate handicap as per the terms of competition rule. I understand that in entering adult competitions my son/daughter may be playing alongside adults." Yes [ ] No [ ]

### **PHOTOGRAPHY/VIDEO**

Parents/Guardians please note Tuam Golf Club will on occasion use photographs and video as part of instruction for juniors and to promote the sport of golf. By signing the within consent you give permission for Tuam Golf Club to do so but Tuam Golf Club will never make such video or photographs available publicly without the express consent of parents or guardians Yes [ ] No [ ]

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed name of Parent/Guardian**

\_\_\_\_\_  
**Date**



**Health & Emergency Form**

**Name of player**

Address

Date of Birth

Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Parent/Guardian**

Address (if different from above)

Parents Mobile

Parents Email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Emergency Contact**

Relationship to child

Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Doctor**

Address

Contact phone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical/Behavioural Information**

Please include all medical details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, dietary, special needs, etc.

\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Injection \_\_\_\_\_

I will inform the coaches/designated liaison person of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above name child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

\_\_\_\_\_  
**Signature of Parent/Guardian Printed name of Parent/Guardian**

\_\_\_\_\_  
**Date**