



# OXLEY GOLF CLUB

**Oxley Golf Club**  
290 Boundary Rd, Oxley 4075  
Phone: 07 33796322  
Email: admin@oxleygolfclub.com.au  
www.oxleygolfclub.com.au

[Print or Download Form to fill in Application](#)

## Junior Membership / Program Registration Form

Date: ..... Membership Number: ..... Membership Pin: .....

- Member  
  Associate  
  Weekday Holiday Clinics  
  Saturday Clinics  
 Pee Wee 11 & Under  
  Junior 12-15yrs  
  Junior 16-17yrs

**I wish to enrol my child in the Oxley Golf Club Junior Program :  
All those who enroll will be contacted two weeks by email or Phone prior to any clinic**

Juniors Name: \_\_\_\_\_  Male /  Female

Left Handed or  Right Handed       Photographic Consent

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

School Year: \_\_\_\_\_ School Attending: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile)

Is this your first time participating in the MyGolf Program:-  YES /  NO    Do you have a GolfLink No.  YES /  NO \_\_\_\_\_

How did you find out about the MyGolf Program:-  Website     Word of Mouth     Street Sign     Facebook

Magazine     Referral by Member \_\_\_\_\_     Other

### MEDICAL REPORT

Is your child presently taking tablets and / or medicine?  YES /  NO

If YES, please state name of medication and dosage: \_\_\_\_\_

Please tick if your child suffers any of the following:

Epilepsy     Dizzy spells     Travel Sickness     Asthma     Heart Condition     Migraine

Other Comments \_\_\_\_\_

Allergies to:

Penicillin:    Any Foods: \_\_\_\_\_    Drugs: \_\_\_\_\_    Other: \_\_\_\_\_

### PROVISION OF CONSENT

- a.) I consent to Oxley Golf Club using my child's name and image (including photography) in any form or medium for general marketing and promotional activities.  YES /  NO
- b.) I understand that the personal information collected on this form is used for the purpose of processing my request for participation in the Oxley Golf Club Junior program. Oxley Golf Club may also use this information to send you golf related information or offers.  YES /  NO
- c.) I hereby authorise Oxley Golf Club or its nominated representative to make sure arrangements as are deemed necessary by the attending medical practitioner in the event of emergency medical treatment being necessary in respect of my child.  YES /  NO

### AUTHORISATION

**I herin confirm that the above information provided by me is true and correct. I agree to, and understand the conditions set out in a), b) & c) above**

Signed (Parent / Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Fee:\$ ..... Fee with C/C Surcharge:\$.....

Is the participant paying using a credit card, via the MyGolf site?

### OFFICE USE ONLY

Received in MMS     Journal Entry Book     New Members Meeting     Member Card     Golf Link Entry     DD Form     Ideal POS     Bar Points

Method of Payment:  Cash     CHQ     C/C     Sav/Chq Acc     Direct Debit     BPAY

BY CREDIT CARD (AMERICAN EXPRESS, AMEX & DINERS ARE NOT ACCEPTED)

CARD TYPE:-  MasterCard  Visa    CARD EXPIRY DATE:- \_\_\_\_ / \_\_\_\_ / \_\_\_\_    CVV No: \_\_\_\_\_    CARD NUMBER:- \_\_\_\_\_

NAME ON CARD:- \_\_\_\_\_    SIGNATURE:- \_\_\_\_\_