## SCHOOL OF GOLF

## MEMBERSHIP

The straightforward aim of our School of Golf is to attract young kids into golf and inspire the next generation of golfers in Troon and the surrounding areas.

The School of Golf will provide a safe and fun environment for children to develop their golfing skills, meet friends, and take advantage of all the educational, health and wellbeing benefits that golf brings.

Members will have restricted access to the Practice Ground and the Craigend and Portland Courses on agreed days and times dependent on ability and level of participation. Members would qualify for access to more facilities as they pass the structured coaching levels with the ultimate aim being to gain a full handicap and graduate to Junior Membership.

Please see more detail on each stage of our membership pathway below**:**

**Stage 1:**

* Structured Lessons from April-October every second week
* Fun competitions every other week
* Membership Wrist Band
* Stage 1 assessments by professionals.
* Cost £75

**Progression Requirement**

* Assessment must be passed to progress onto stage 2
* Stage 2 requirement is passing all aspects of Silver Level on My Pathway to Golf

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**Stage 2:**

* Structured Lessons from April-October every second week
* Fun competitions on Craigend course every other week
* Membership Wrist Band
* Supervised access to Craigend course + Range (Specific Times)
* Aim to gain Craigend handicap
* Cost £100

**Progression Requirement**

* Stage 3 requirement is 36 handicap on Craigend + Enter x3 9 hole scores on the Portland Blue tees to gain a handicap of 54 or less.

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**Stage 3:**

* Structured Lessons from April-October every second week
* Membership Wrist Band
* Blue Tee Junior Medals and competitions on Portland course
* Fun competitions on Craigend course
* Supervised access to Craigend, Portland and Range (Specific Times)
* Cost £125

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## APPLICATION FORM

## SCHOOL OF GOLF MEMBER

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Surname of Candidate ………………………………………. Date of Birth …….…………

Forenames ………………………….………………………………………………………………....

Home Address ….…………………………………………………………………………….

…………………………………………………… Post Code.……………………………....

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Contact Details

E-mail ….……………………………………………………………………………………...

Telephone/Home ……………………….……… Mobile. …………………………………

Full Name of Parent/Guardian ……………………………………………………………….

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Date of Submission of Application…………………………………………………………………………………………

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**Candidate’s Personal Details**

**Education**

School……………………………………………………………………………………………………………………………………

**Golfing Background (if new golfer leave blank)**

Golf Club(s) and Handicap………………………………………………………………………………………………….

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Other Golfing Experience

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**PARENTAL CONSENT FORM 2019**

**CONSENT TO MEDICAL TREATMENT**

The following information and consent are requested to ensure the health and well-being of all children participating in ROYAL TROON SCHOOL OF GOLF activities. The information contained in this form is confidential and will only be used to safeguard and promote the child's health and well-being should the need arise.

NAME OF CHILD: ………………………………………………………………………………………………. DATE OF BIRTH: …………………………………………

ADDRESS: ……………………………………………………………………………………………………………………………………………………………………………….

TELEPHONE:.…………………………………………………………...…………………………MOBILE:……….…………………………………………………………….

NAME OF CHILD'S DOCTOR: ……………………………………………………………………..TELEPHONE:………………………………………………………..

**PLEASE PROVIDE DETAILS OF ANY PRE-EXISTING MEDICAL CONDITION THAT MAY AFFECT THE CHILD'S PARTICIPATION IN THE ACTIVITY/EVENT/PROGRAMME:**

DETAIL OF ANY MEDICATION, TREATMENT OR DIET REQUIRED:

DETAILS OF ANY ALLERGIES, INCLUDING ALLERGIES TO MEDICATION:

HAS THE CHILD RECEIVED A TETANUS INJECTION IN THE LAST 10 YEARS: YES / NO

**EMERGENCY CONTACT. Should we need to contact parents/guardians we will use the contact details above. However, in the event of emergency, please supply details of another emergency contact below.**

NAME: ……………………………………………………………………TELEPHONE: …………………………………………….

ADDRESS: ………………………………………………………………………………………………………………………………

**AUTHORISATION: To be signed by the Parent/Guardian/Legal Carer**

I (PRINT NAME) …………………………………………… CONSENT TO RECEIVING MEDICAL TREATMENT, INCLUDING ANAESTHETIC, WHICH THE MEDICAL AUTHORITIES PRESENT, CONSIDER NECESSARY.

SIGNATURE: ……………………………………………………………

RELATIONSHIP TO THE CHILD:……………………………………..DATE: ……………………………………………..

**PERMISSION TO TRANSPORT, ATTEND AND PHOTOGRAPH CHILDREN AT EVENTS ORGANISED BY ROYAL TROON SCHOOL OF GOLF**

From time to time it may be necessary to transport your child in a vehicle with members or associates of Royal Troon School of Golf. Your child may be filmed for coaching purposes and photographs may be taken for show in the local Press or put on to the School of Golf Website for the purpose of Team/Club promotion. The School of Golf will take all reasonable measures to ensure images are used solely for the purposes for which they are intended.

CONSENT: I give / don't give permission for my child ……………………………………………..to travel with members or associates of Royal Troon School of Golf to events organised by them.

I give / don't give permission for my child ……………………………………………….. to be filmed or photographed.

SIGNED ……………………………………………………………... RELATIONSHIP TO CHILD …………………………………………………

**I undertake to inform Royal Troon School of Golf should any of the information contained in this form change.**

**PLEASE RETURN THIS FORM TO: Professional Shop, Royal Troon Golf Club, Craigened Road, Troon KA10 6EP.**