



## JUNIOR OPEN | THURSDAY 30 JULY 2026

### ENTRY FORM

JUNIOR DETAILS	
Full Name	
Date of Birth	
Club	
CDH	
Handicap Index	
Email	
Address	
Phone Number	
Meal Choice	Spaghetti Bolognese <input type="checkbox"/> Vegetable Lasagne <input type="checkbox"/>

### PARENT CONSENT FORM

CONTACT DETAILS	
Name of Parent/Guardian	
Emergency Phone Number	
Email	

  

MEDICAL & DIETARY INFORMATION
Does your child experience any conditions requiring medical treatment and/or medication? If YES, please give details, including medication, dose and frequency.

Does your child have any allergies? If YES, please give details.

Does your child have any specific dietary requirements? If YES, please give details

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I hereby give permission for the Club's responsible person to give the 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

Signature:

Date:

## PHOTOGRAPHY/VIDEO

I agree that photographs/videos can be taken during the event, and that these photographs/videos will be used for publicity purposes.

Yes  No

Signature:

Date:

PLEASE COMPLETE THIS FORM AND RETURN TO:

LINDA PORTER, JUNIOR COMMITTEE

AT

**JUNIORSECTION@DYRHAMPARK.COM**

DYRHAMPARK COUNTRY CLUB, GALLEY LANE, BARNET, HERTS,  
EN5 4RA, 0208 440 3361

**ENTRIES WILL NOT BE ACCEPTED WITHOUT A COMPLETED PARENT CONSENT FORM**