



JUNIOR OPEN | THURSDAY 24 JULY 2025
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

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Does your child have any allergies? If YES, please give details	
Does your child have any specific dietary requirements? If YES, please give details	
<ul style="list-style-type: none"> • 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 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 for these photographs/videos to be used for publicity purposes	
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
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