



# OUTBACK

QUEENSLAND MASTERS



## JUNIOR CLINIC REGISTRATION FORM

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_ Gender:  Male  Female School: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Roma 17 June  Charleville 22 June  Longreach 29 June  Winton 13 July  Boulia 22 July  Mount Isa 27 July

Have you participated in the MyGolf program before:  Yes  No

Does the participant have a Golf Link number:  Yes  No

If Yes, Participant Golf Link Number: \_\_\_\_\_

Is the participant on any medication:  Yes  No

If Yes, Please state name and dosage: \_\_\_\_\_

Does the participant suffer from any of the following:  Fits  Dizzy Spells

Travel  Sickness  Asthma  Heart Condition  Migraines  Penicillin

Other comments: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Parent Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### TERMS & CONDITIONS

a) I give my consent to the Outback Queensland Masters to use 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 Outback Queensland Masters Junior MyGolf Clinic. Golf Australia may also use this information to send you golf related information or offers.

Yes  No

c) I hereby authorise the Outback Queensland Masters or its nominated representative to make such arrangements as deemed necessary by the attending medical practitioner in the event of emergency medical treatment being necessary in respect of my child.

Yes  No

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



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Presented By



Eagle Spirit Partner

