



OUTBACK

QUEENSLAND MASTERS



JUNIOR CLINIC REGISTRATION FORM

Participant First Name: _____ Participant Last Name: _____

Date of Birth: ____/____/____ School: _____

Residential Address: _____ Suburb: _____ State: _____ Postcode: _____

Biloela 19 June Charleville 26 June Quilpie 3 July Blackall 10 July Hughenden 17 July Longreach 24 July

Biloela 20 June Charleville 27 June Quilpie 4 July Blackall 11 July Hughenden 18 July Longreach 25 July

Has the participant engaged in the MyGolf program before: Yes No

Does the participant have golf clubs: 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 Allergies

Other comments: _____

PARENT/ GUARDIAN INFORMATION

Parent Guardian Name: _____ Phone Number: _____

Email: _____

TERMS & CONDITIONS

- a) I give my consent to the Outback Queensland Masters and any of it's partners 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: ____/____/____



Outback Queensland Masters is funded under the Year of Outback Tourism Events Program

Presented By



Eagle Spirit Partner

