Remembrance Drive PO Box 1449 Griffith, NSW 2680

Phone > 02 69623173 E-mail > wayne@griffithgolfclub.com.au Internet > www.griffithgolfclub.com



Application for Junior Membership AGED 13 TO 19

Name: (Mr. /Miss)					
Residential Address:					
Postal Address:					
E-Mail Address:					
Phone: Mobile:					
Date of Birth:	_/	/_		Junior Signature:	
Parent/Guardian Name:				Phone No:	
Emergency Contact Re	lation	ship (i.e. Father, Mother, Bro	other, Aunty)	
			<u>Membershi</u>	p Prices (inc GST)	
	[]	Junior Male	\$100	
	[]	Junior Lady	\$100	
	ian of			ed on this form give consent for the person nomina ne Griffith Golf Club and to follow their rules.	ted on this
does not owe a duty of of the activity if the risk that is given in a manne activity. The club is not	care t was t er that requi	to and the su t is rea red to	other person who enga ubject of a risk warning. asonably likely to resul o establish that the pers	ng of a duty of care in relation to a recreational active ges in a recreational activity (golf) to take care in re A risk warning to a person in relation to golf activity to the people being warned of the risk before engaging con received or understood the warning or was capal are on signs at the club entrance of the Griffith Go	espect of a risk y is a warning g in golf able of
I, as the Parent or Guar above person to take pa				son has read and understands the above and give of Golf Club.	consent for the
Name Parent/Guardian	(Prin	t Nam	ne):		
Parent/Guardian (Signature):				Date:	