

# Bitesize Golf Pupil Registration Form



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Pupil's name : \_\_\_\_\_

Age : \_\_\_\_\_


Birthday : / /

Contact details : Parents or guardians

Mum's name : \_\_\_\_\_


Dad's name : \_\_\_\_\_


Mobile : \_\_\_\_\_ 

Mobile : \_\_\_\_\_ 

Home : \_\_\_\_\_ 

Home : \_\_\_\_\_ 




Work : \_\_\_\_\_ 

Work : \_\_\_\_\_ 

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode : \_\_\_\_\_

email : \_\_\_\_\_

Emergency contact details

Contact name :	_____
Relationship to child:	_____
Home phone:	_____ 
Mobile phone:	_____ 
Work phone:	_____ 

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and/or their parent to notify the Bitesize Golf coach if any of the details change at any time.

