

PAUL DYER JUNIOR GOLF ACADEMY

SECRET VALLEY GOLF CLUB. P.O.BOX 62085, 8062 PAPHOS, CYPRUS

APPLICATION FORM FOR JUNIOR COACHING

Pupils Details

Name _____

Address _____

Date of Birth _____

Additional Information (delete as applicable)

Have you played golf before Yes / No

Are you Right/Left handed

Parent / Guardian

Name _____

Emergency Mobile Phone No _____

Home Telephone No _____

E-Mail _____

Allergies / medical conditions if relevant

Does your child have a disability Yes / No

Please specify _____

Lesson Details 6 x 1 hour each week

Dates _____

Cost for 6 HOURS tuition OR play €45 _____

PAYMENT IS DUE
ON 1st LESSON DAY

Parental consent

I agree to my child / children* participating in any or all of the golf coaching sessions organised by Secret Valley Golf Club.

In the event of injury or illness I also authorise the organisers to obtain on my behalf such medical assistance that my child may require.

I understand my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe.

Signature _____ Date _____

I consent to my child's picture being used for publicity purposes (delete if you do NOT agree)

FOR OFFICE USE ONLY

Payment received _____ Lesson details sent / given _____

JUNIOR GOLF PASSPORT MONITORING

LEVEL 1 _____ LEVEL 2 _____ LEVEL 3 _____ LEVEL 4 _____ LEVEL 5 _____



SECRET VALLEY GOLF
VENUS ROCK – CYPRUS