

Whangaparaoa Junior Golf – Emergency Contact Details

Juniors Surname: _____

First name: _____

Emergency Parent / Guardians contact details

Mr/Mrs/Ms/Miss

Surname: _____

First name: _____

Relationship to Junior Member: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Mobile Phone: _____

(If mother and father do not live at the same address please give the second parent details below)

Emergency Parent / Guardians contact details

Mr/Mrs/Ms/Miss

Surname: _____

First name: _____

Relationship to Junior Member: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Mobile Phone: _____

Medical Conditions: please list any you think relevant and what action you would like taken to address)

Condition/Action _____

Condition/Action _____

Alternate ICE (In case of emergency) contact _____

Junior member Signature

Parent / Guardian Signature
