

PAUL DYER JUNIOR GOLF ACADEMY

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

REGISTRATION FORM FOR JUNIOR COACHING 2018/19

Pupils Details

Name _____

Address _____

Date of Birth _____

Additional Information

Have you played golf before YES/NO

Do you possess a KOA Sports Medical Card - Yes/No

Number of Medical Card.....

Are you Left or Right 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.....

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COST FOR 6 HOURS GROUP TUITION OVER 6 WEEKS ONLY €50

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 / image being used for publicity purposes. (Please delete if you DO NOT agree.)



SECRET
VALLEY
GOLF RESORT

www.juniorgolfcyprus.eu



Secret Valley junior golf academy