

Gerringong Junior Golf Program

Registration Form

2024

Students Information	
Surname	
First Name	
D.O.B.	
Address	
Allergies	
Medical- eg: Asthma/diabetes	
Parent/Carer Information	
Name	
Phone	
Email	
Emergency Contact Information	
Name	
Relationship	
Phone	
Previous/Current Sports Played	
Right or Left Handed	
Working With Children No	
Social Media Photos	Do you allow Shane Cochrane & Gerringong Golf Club to take pictures of your children and use them on their website and social media platforms? YES NO

Office use only

Amount Paid	\$	Date:
Paid by	Name	
Payment Method		
Active Kids Voucher Number	No	

