



DORSET COUNTY GOLF UNION



Peter Alliss Young Masters Trophy

Incorporating the
The Peter Alliss Young Masters Trophy
(Current holder: Jack Baker Knighton Heath)

Open to boys under the age of 14 on the 1 January, 2011 with a handicap of 28 or less certified by a Golf Club affiliated to the English Golf Union.

The tournament is held over four rounds of stroke play (Stableford) to be played at the various venues and dates below:

Round 1: Canford School GC on Sunday 03 October 2010

Round 2: Yeovil GC on Sunday 07 November 2010

Round 3: Lyme Regis on Saturday 26 February 2011

Round 4: Parkstone GC on Sunday 27 March 2011

The match play stages:

Ferndown GC on 09 & 10 April 2011. (Presidents Course)

The competition comprises of a round played at the four different venues above with full handicap and stableford scoring. The best three stableford scores from the four rounds will count. The top sixteen go through to compete for the Trophy in the matchplay phase. Players will be seeded in accordance with their results from the strokeplay phase. The matchplay matches will be played using handicap and is to be played off full handicap difference.

Entry is limited to 30 players, handicap limit 28 balloting out by handicap.

ENTRANCE FEE £20 PER PLAYER
Closing Date for entries Sunday 26 September 2010

PETER ALLISS YOUNG MASTERS TROPHY – ENTRY FORM

Forename				Surname:	
Address:					
Contact Numbers:	Home:		Mobile:		
Email Address:					
Golf Club:		Handicap:		DOB:	
Central Database of Handicaps (CDH) ID No: If known.					

Please send this Entry Form with your entry fee cheque made payable to 'Dorset County Golf Union' to:

County Secretary
I L Hulse 5 St James Rd, Ferndown, Dorset BH22 9NY
Tel: 01202 861185 (H) 07815 144582 (M)
If an email address is supplied the start sheet will be sent via this media.



DORSET COUNTY GOLF UNION

PARENTAL CONSENT FORM

Competitors Name: (Please Print) _____

In caring for the best interests of your son it is important the Dorset County Golf Union (DCGU) know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

Please indicate below any health related matters, including injuries, details of any allergies, prescribed medicine and dosage or of any special dietary requirement which you think it is best we know about. Any information given will be treated in the strictest of confidence however please be aware that this information will be passed on to the Medical Emergency services should the need arise.

Name of Competitors Doctor: _____ Doctors Practice Tel Number _____

I,being parent/guardian of the above named child, hereby give permission for the DCGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY THE SECRETARY DCGU IMMEDIATELY:

Telephone: 01202861185 / 07815144582

USE OF PHOTOGRAPHIC EQUIPMENT AT DORSET COUNTY GOLF UNION CHAMPIONSHIPS

This form is to be signed by the legal guardian of a child or young person under the age of 18, together with the child or young person.

- The Dorset Count Golf Union (DCGU) recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people, we will not permit photographs, video images, or other images of young people to be taken or used without the consent of the Parents/ Carer and the young person.
- DCGU will follow the guidance contained within the Children in Golf Strategy Group Policy and Procedures (which can be viewed at www.childreningolf.org).
- DCGU will take steps to ensure that these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the DCGU.

If you become aware that these images are being used inappropriately, you should inform the County Secretary immediately: 01202 861185

If, at any time, the Parent/ Carer or the young person wishes their image to be removed from the DCGU website, 7 days notice must be given to the Secretary DCGU, after which the image will be removed.

To be completed by the parent/ Carer:

I _____ (*full name of parent/ Carer*) consent to DCGU photographing

_____ (*name of young person*) under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I also confirm that there are no restrictions related to taking photographs.

Signed _____ Date: _____

To be completed by the young person:

I, _____ (*name of young person*) consent to DCGU photographing my involvement in golf under the stated rules and conditions.

Signed _____ Date _____