REGISTRATION FORM

JUNIOR

Last name / first name : .....

Date of birth : .....

PARENT / LEGAL GUARDIAN

Last name / first name : .....

Relationship to child (father / mother / legal guardian) : .....

Address : .....

.....

Phone : ..... ☐ France

E-mail : .....

CATEGORIES & GROUPS

☐ **Baby Golf - ages 5 to 6** **45€/month**
Wednesday, 9 am to 10 am

☐ **Fun Golf Juniors** **50€/month**
Wednesday, 10 am to 11 am

☐ **Developing and intermediate juniors** **55€/month**
Thursday, 2:30 pm to 5:45 pm

Groups have a maximum of 10 juniors and run during school terms. If the teaching professional is absent, missed lessons are made up during school holidays.

The registration fee includes :

- Weekly coaching sessions with a Junior Academy teaching professional.
- The “Flag” skills tests and handicap competitions organised by the Junior Academy.
- Junior Club membership, including access to the 9-hole course.
- The French Golf Federation (ffgolf) licence.

Signed at : ..... Signature:

Date : .....

To complete registration, please attach the “Image Use Consent” and “Emergency Medical Consent” forms, together with a medical certificate.

IMAGE USE CONSENT

Junior members of Karukéra Golf Akadémi may be photographed or filmed during golf instruction.

Photos or videos may be used to promote Karukéra Golf Akadémi or provide information about it, in print or digital media, including on the internet and social media.

By signing the registration form, the junior's legal representatives authorise Karukéra Golf Akadémi to publish photographs, videos and still images solely to promote and provide information about Karukéra Golf Akadémi.

This consent is given freely, without financial or other compensation, for a period of five years from the date the image is taken.

Legal representatives may withdraw this consent at any time by sending a letter or email with acknowledgement of receipt to Karukéra Golf Akadémi.

I, the undersigned (full name) : .....

Solemnly declare that I (cross out any statements that do not apply) :

- have full parental authority
- am the legal guardian
- have custody

Of the following minor :

Last name / first name : .....

Date of birth : .....

Address : .....

I authorise Karukéra Golf Akadémi to use images of my child under the conditions set out above.

Signed at : ..... Signature:

Date : .....

EMERGENCY MEDICAL CONSENT

I, the undersigned (full name) : .....

Solemnly declare that I (cross out any statements that do not apply) :

- have full parental authority
- am the legal guardian
- have custody

Of the following minor :

Last name / first name : .....

Date of birth : .....

Address : .....

I authorise Academy Club members or Club staff to take all necessary steps if the minor named above becomes unwell, falls ill or has an accident, including contacting rescue and/or emergency services so that the child can be referred to a hospital or medical facility.

Medical information I wish to share with those responsible at Karukéra Golf Académie :

.....

.....

EMERGENCY CONTACTS

To help us notify legal representatives promptly, please list contacts in your preferred order :

1. Full name, relationship to the minor : .....

Phone : ..... E-mail: .....

2. Full name, relationship to the minor : .....

Phone : ..... E-mail: .....

3. Full name, relationship to the minor : .....

Phone : ..... E-mail: .....

Signed at : ..... Signature:

Date : .....

ffgolf®

HEALTH QUESTIONNAIRE FOR A MINOR LICENCE HOLDER

(New licence, renewal or resumption / club recreational or competitive play, WHS certified rounds, or between medical certificates when participating in competitions requiring federal playing rights)

Notice to parents or the person with parental authority:
It is preferable for your child to complete this questionnaire. You should judge at what age they are able to do so. You are responsible for ensuring that the questionnaire is completed correctly and for following the instructions according to the answers given.

SPORT IS RECOMMENDED FOR EVERYONE.

Have you discussed it with a doctor? Have they examined you to give you advice?
This questionnaire is not a test. Answer YES or NO,
but there are no right or wrong answers.
You can check your health record and ask your parents for help.

You are: ☐ a girl ☐ a boy Your age: ..... years

SINCE LAST YEAR	YES	NO
Have you been in hospital for a whole day or several days?	☐	☐
Have you had an operation?	☐	☐
Have you grown much more than in previous years?	☐	☐
Have you lost or gained a lot of weight?	☐	☐
Have you felt dizzy during exercise?	☐	☐
Have you lost consciousness or fallen without remembering what happened?	☐	☐
Have you received one or more hard blows that forced you to stop a sports session for a while?	☐	☐
Have you had much more difficulty breathing during exercise than usual?	☐	☐
Have you had a lot of difficulty breathing after exercise?	☐	☐

SINCE LAST YEAR	YES	NO
Have you had chest pain or palpitations (a very fast heartbeat)?	☐	☐
Have you started taking a new medicine every day on a long-term basis?	☐	☐
Have you stopped sport because of a health problem for a month or more?	☐	☐

FOR SOME TIME (MORE THAN 2 WEEKS)	YES	NO
Have you been feeling very tired?	☐	☐
Do you have trouble falling asleep, or often wake up during the night?	☐	☐
Have you been feeling less hungry or eating less?	☐	☐
Have you been feeling sad or worried?	☐	☐
Have you been crying more often?	☐	☐
Do you have pain or a lack of strength because of an injury you sustained this year?	☐	☐

TODAY	YES	NO
Do you sometimes think about stopping sport or changing sports?	☐	☐
Do you think you need to see your doctor to continue playing sport?	☐	☐
Is there anything else you would like to report about your health?	☐	☐

QUESTIONS FOR YOUR PARENTS TO COMPLETE	YES	NO
Has anyone in your close family had a serious heart or brain condition, or died suddenly before the age of 50?	☐	☐
Are you concerned about your child's weight? Do you feel they eat too much or too little?	☐	☐
Has your child missed their age-appropriate medical check-up? These check-ups are scheduled at ages 2, 3, 4 and 5, between 8 and 9, between 11 and 13, and between 15 and 16.	☐	☐

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:

You must see a doctor for an examination and to discuss which sport is suitable for you. Bring this completed questionnaire to the appointment.

I understand that I must submit a medical certificate issued within the last 6 months confirming that there are no contraindications to playing golf (in and outside competition).

HEALTH QUESTIONNAIRE DECLARATION
- MINORS -

I, the undersigned (Mr / Ms) .....

as legal representative of .....

licence no. ..... (if already issued), declare that the minor has completed

the health questionnaire and answered NO to every question.

Date: .....

Signature:

Submit to your Club or to ffgolf:
ffgolf - Questionnaire de Santé - 68, rue Anatole France - 92 309 Levallois-Perret Cedex
Or by email to: ffgolf@ffgolf.org

Licence holders may also complete the questionnaire and declare that they have answered NO to every question through their My ffgolf account.