



# THAXTED PARK GOLF CLUB INC.

**Thaxted Park Golf Club**  
Assistant Manager/ SAPSASA Convenor  
Michael Moore / Scott Trenorden  
Thaxted Park Golf Club  
1 Golf Course Drive  
Woodcroft SA 5162  
[mmoore@pgamember.org.au](mailto:mmoore@pgamember.org.au)

## Permission to Participate 2017

Dear Parents/Caregivers,

Your child wishes to attend either the Come & Try Golf Day or the Qualifying Golf Event. Please fill in the following information and return to Michael Moore at Thaxted Park Golf Club, see above details.

The top 10 participants will qualify to play in the State Final at Adelaide Shores on the 31<sup>st</sup> August

My Child wishes to participate in.

Come & Try Golf Day 15<sup>th</sup> May

Qualifying Golf Event 22<sup>nd</sup> May

### Player Details

Name \_\_\_\_\_ School \_\_\_\_\_ Year (grade) Level \_\_\_\_\_

Date of Birth \_\_\_\_\_

Golfing experience / seasons played: \_\_\_\_\_ Own Clubs \_\_\_\_\_

Parent Contact 1 Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent Contact 2 Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address (please print carefully): \_\_\_\_\_

Home Address: \_\_\_\_\_

**Medical Information:** Please indicate any known medical conditions.

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to attend the come and try Golf Day or the Qualifying Golf Event.

Parent/Caregiver Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_\_\_

### **School Consent: Principal to Endorse**

The student above has absence from school approved to participate in the Golf SA Primary Schools Carnival.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_\_\_