



THE SARAWAK JUNIOR AMATEUR OPEN GOLF CHAMPIONSHIP 2018

OFFICIAL ENRTY FORM

PLAYER SECTION

PLAYER FULL NAME / Nama Penuh Pemain :

.....

SURNAME / FAMILY NAME /:

.....

GENDER / Jantina:

.....

DATE OF BIRTH / Tarikh Lahir Pemain:
(Please attach copy of Identification Card / Birth Certification)

.....

HANDICAP INDEX / Indeks Handikap:

.....

NHS NUMBER / Nombor Handikap NHS:

.....

HOME CLUB / AFFILIATION / Kelab / Gabungan:

.....

For details and enquiries, please call:
Damai Golf & Country Club:
Tel : + 6082-846088
Fax : +6082-846044
Email: tournament@damaigolf.com
Official DGCC website: www.damaigolf.com

For Official Use Only	
TIME RECEIVED	RECEIVED BY
DATE RECEIVED	

TERMS & CONDITIONS

GENERAL INDEMNITY

I, for and on behalf of myself and my children, agree to release and indemnify the organizer **DAMAI GOLF & COUNTRY CLUB** with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable litigation costs) made or brought by anyone, including a co-participant and their respective agents or any third parties, arising out of any injury, damage, death, of other loss in any way connected with me/my child's participation in this **THE SARAWAK JUNIOR AMATEUR OPEN GOLF CHAMPIONSHIP 2018** tournament.

FIRST AID POLICY

I hereby authorise **DAMAI GOLF & COUNTRY CLUB** personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorise **DAMAI GOLF & COUNTRY CLUB** staff or other medical personnel to render such treatment they deem necessary for my/my child's health.

I agree that **DAMAI GOLF & COUNTRY CLUB** has no responsibility for medical care provided to me/my child and I agree to pay all costs associated with such care, Whether or not authorised by me.

PUBLICITY

I authorise **DAMAI GOLF & COUNTRY CLUB** and/or parties designated by **DAMAI GOLF & COUNTRY CLUB**, to use my or my child's photo for reproduction in any manner **DAMAI GOLF & COUNTRY CLUB** desires, for advertising, display, audio-visual, exhibition or editorial use.

GOLFER'S INSURANCE

Scope of Cover: Personal liability in respect of accidental bodily injury and/or accidental property damage to third party, including litigation cost and expenses.

PARENT/GUARDIAN CONSENT / *Akuan Kebenaran Ibu Bapa/Penjaga :*

I have carefully read, understand, and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate.

PARENT/GUARDIAN NAME/ *Nama Ibu Bapa/Penjaga :*

.....
Name / *Nama :*
Date / *Tarikh:*

MAILING ADDRESS / *Alamat Surat-Menyurat:*

.....
.....
.....

MOBILE NO. / *Nombor Telefon Bimbit:*

.....

EMAIL / *Alamat E-mel :*

.....
(Payment advice and confirmation will be sent to you via email / *Invois pembayaran and pengesahan penyertaan akan dihantar melalui e-mel.*)