



THE RANGES



Club

JUVENILE Membership Form 2026 €40

Payment by cash or cheque

Name _____

Male/Female/Other: _____

Date of Birth of Juvenile _____ Age of Juvenile

Pitch and Putt Ireland Registration No: _____

Address _____

Parent/Guardian Name _____

Parent /Guardian Phone Number _____

Parent /Guardian E-mail address _____

I wish to apply for membership of the Ranges Pitch and Putt Club and agree to be bound by their rules and regulations. I acknowledge that membership may be reviewed, suspended, or withdrawn. I agree that the parent/guardian phone number can be added to The Ranges What's group for communication of club events, changes in opening/closing times, code for gate which Parent/Guardian/Juvenile agree not to give to any other person. My child is in good health but I understand that it is my duty to advise the Ranges Pitch and Putt Club of any changes. In the event of illness, having Parental (Legal) guardian responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider or by suitably qualified medical practitioners to provide emergency treatment or medication. I hereby consent to the above child participating in the Pitch and Putt activities of the Ranges P&P club with the Code of Ethics for Young People. I confirm that all details are correct, and I am able to give parental/guardian consent for my child to participate in any matches or Pitch and Putt event organised by The Ranges P&P Club and any other affiliated Club and to be on Pitch and Putt Premises Clubhouse, Course and Practice areas. I acknowledge however with this, that both the Club and others do not have the responsibility for providing adult supervision for my child except for Formal Coaching and Competitions.

Signature of Parent /Guardian _____ Date _____

Signature of Juvenile _____ Date _____