



LUBERON GOLF ACADEMY

REGISTRATION FORM & MEDICAL FILE — 2026-2027 SEASON

Golf Academy Start Date: WEDNESDAY, SEPTEMBER 9, 2026

PART 1: GOLF ACADEMY REGISTRATION

1. CHILD INFORMATION

Last Name: _____

First Name: _____

Date of Birth: ____ / ____ / ____

Mailing Address: _____

FFGolf License No. (if already licensed): _____

Mandatory Medical Certificate: ☐ Provided ☐ Not provided

Current Flag Level: _____

Polo Size: _____

2. CONTACTS & EMERGENCY CONTACTS

Mother / Legal Guardian

Full Name: _____

Address (if different): _____

Mobile Phone: _____ Landline: _____

Email: _____

Father / Legal Guardian

Full Name: _____

Address (if different): _____

Mobile Phone: _____ Landline: _____

Email: _____

3. PACKAGES & FEES (from 09/09/2026 to 03/07/2027)

 **Please note:** Groups are formed by the coaches based on the child's age and skill level (and not based on individual choices).

Group	Day	Schedule	Annual Fee
BABY GOLF	Wednesday	10:00 AM – 10:45 AM	€195
U8	Wednesday	11:00 AM – 12:00 PM	€230
U10 / U12 / U14	Wednesday	1:15 PM – 2:45 PM	€400
U16 / U18	Wednesday	3:30 PM – 5:00 PM	€400
PROSPECT GROUP (ESPOIR)	Saturday	3:00 PM – 4:30 PM	€400
ELITE GROUP	Saturday	1:00 PM – 3:00 PM	€470

These fees include:

- Training sessions, flag level assessments, and competitions.
- The French Golf Federation (FFGolf) license.
- Membership to the Golf du Luberon Sports Association.
- Access to practice areas (Putting green, Pitch and Putt for all groups).
- Access to the 9-hole or 18-hole course (Wednesday advanced groups, Prospect, and Elite).
- 1 free driving range token per day per child.

For information — FFGolf License Terms 2026 / 2027:

Child already holds an active license for 2026:

- Born between 2009 and 2014 inclusive: Youth 2027 rate = **€25**
- Born in 2015 or later: Child 2027 rate = **€22**

Child does NOT hold an active license in 2026:

- Born between 2008 and 2013 inclusive: Youth 2026 + 2027 rate = **€31**
- Born in 2014 or later: Child 2026 + 2027 rate = **€24**

4. SPECIAL TERMS AND CONDITIONS

- **Trial Period:** For a first-time registration, a free trial period of two consecutive classes is available.
- **Refunds:** No membership fee refund will be issued in the event of withdrawal during the school year.
- **Registration during the year:** The membership fee will be calculated on a pro-rata basis for the remaining terms.
- **Severe Weather / Closures:** In case of adverse weather conditions or administrative closure (e.g., pandemic), golf facilities will be closed and will not entitle members to any compensation.
- **Required Documents:** Completed health form + Medical certificate (if not already provided).

5. FOR CLUB USE ONLY

Selected Golf Academy Group: _____

Day and Schedule: _____

Payment Method:

☐ **Full payment:** ☐ Cash ☐ Check ☐ Credit/Debit Card

☐ **Installment payment (3 max):** in _____ installments of _____ €

6. SIGNATURES

Done at _____, on ____ / ____ / 2026

Signature of parents / legal guardians	Signature of representative (SAS Golf du Luberon)
<i>(Preceded by "Read and approved")</i>	<i>Stamp and signature</i>

PART 2: MEDICAL FORM & AUTHORIZATIONS

A. EMERGENCY MEDICAL FORM

I/We, the undersigned (Full name of legal guardian(s)):

Residing at:

Authorize the administrative and/or technical staff of the Club / Leagues / Departmental Committee to take all necessary measures in the event of illness or accident, including notifying emergency services so that the minor player (**Full Name**):

_____ born on ____ / ____ / _____ may be directed to the most appropriate hospital facility.

The Club / League / Departmental Committee will endeavor to notify the legal guardians as soon as possible at the following phone numbers:

- Home Phone No.: _____
- Mother's Mobile No.: _____ | Work: _____
- Father's Mobile No.: _____ | Work: _____
- Emergency Contact Person No. (if applicable): _____

Special Notes (medical treatments, allergies, other relevant information):

Done at _____, on ____ / ____ / 2026 (in two original copies)

Signature of legal guardian(s):

USEFUL PHONE NUMBERS:

- FFGolf Medical Commission: Tel: 01.41.49.77.40 / Fax: 01.41.49.77.22 | Email: sportif@ffgolf.org
- SAMU (Emergency Medical): 15 or nearest SMUR
- Poison Control Center (PARIS): 01 40 05 48 48
- Fire Department: 18

B. TRANSPORTATION AUTHORIZATION

We, the undersigned, Mrs. and Mr.: _____

Residing at: _____

Authorize coaches or volunteers designated by the club to transport our child to accommodation, training, or championship locations.

Parents' Signatures:

C. PHOTO / VIDEO / MEDIA AUTHORIZATION

I/We, the undersigned: _____

Residing at: _____

Authorize SAS Golf du Luberon / the Sports Association to:

- Film (and/or photograph), without financial compensation of any kind, my minor child/children (Full Name(s)): _____
- Use, without compensation, the image of my child/children for purely internal educational purposes within the sports association / golf academy.
- Publish, without compensation, the image of my child/children on the sports association / golf academy website until they turn 18.

This authorization excludes any other use of my child's/children's image, particularly for commercial or advertising purposes. It is granted without time limit starting from its date of signature, but may be revoked at any time upon written request.

Done at _____, on ____ / ____ / 2026

Signatures of legal guardians (Father and Mother)

(preceded by "Read and approved - Agreed")

Father

Mother

D. PARENTAL CONSENT: ANTI-DOPING TESTING (INVASIVE)

(In accordance with Article R. 232-52 of the French Sports Code)

If the athlete being tested is a minor or a protected adult, any testing requiring an invasive technique (in particular blood testing) can only be conducted upon written authorization from the legal guardian. The absence of authorization constitutes a refusal to submit to testing procedures and may result in a 2-year suspension.

I, the undersigned (Full Name): _____

Acting as father, mother, or legal guardian of the minor child:

Authorize any certified sample collector approved by the French Anti-Doping Agency (AFLD) or commissioned by the International Federation, duly authorized for this purpose, to carry out any test requiring an invasive technique (blood sample, hair/nail sample) during an anti-doping control on the minor child: _____

This authorization is valid for the 2026-2027 sports season.

Done at _____, on ____ / ____ / 2026

Signature of legal guardian: