



Toyota World Junior Golf Team Championship

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World Junior Golf Team Championship

To: Participating Teams of the Toyota World Junior Golf Team Championship

The entire committee joins me in welcoming your team as participants in the 2012 Toyota World Junior Golf Team Championship. Your commitment makes you a part of this selected international field.

This year the championship will take place from June 19 to 22, 2012. Your team will arrive Japan on June 15h. The host will be the 'Chukyo C.C.' in Toyota, Japan.

It is important that you direct your attention to the following:

1. Please acknowledge receipt of this information by an email at ejisports@nifty.com

2. As previously mentioned, international airfares from int'l airports, room & board (scheduled meals) and domestic transportation in Japan, will be incurred by the committee.*

**We will notify your departure city in your country (usually your capital city).*

3. 2. Entry fees (\$500 U.S. per team) should be included and made payable to "Eiji Tagashira, World Junior Golf Team Championship"

4. Each team shall consist of four players, 18 and under as of the last day (6/22/12) of the tournament, who are not attending College or University, and be accompanied by a captain and a coach.

6. Please ensure that:

All players fill out:

**Official Individual Application forms*

**Liability Release forms*

**Medical Consent forms.*

Coaches/Captains fill out:

**Acknowledgment of Responsibilities Form*

Collect all forms in one packet and return to:

EIJI TAGASHIRA
World Junior Golf Team Championship
6-1-9-8 Isegaoka, Fukuyama
Hiroshima-ken, JAPAN 721-0915
TEL 81-84-948-0546 FAX 81-84-941-6456
EMAIL : ejisports@nifty.com

**Please send me "Acceptance Agreement Form" as soon as you can either by an email or fax.
You can mail the original Acceptance Form together with all other forms later.*

*7. Please make sure to send a picture of each team member including a captain
and a coach for our tournament brochures.*

We prefer to receive pictures by an email in digital format.

The email address is ejisports@nifty.com

****Please send us all the forms back to us by **April 27^h, 2012**. If you cannot meet this deadline for any reasons, please let us know immediately.

We are looking forward to having your National Team in Japan in June.

Sincerely Yours,

Eiji Tagashira
Executive Committee
World Junior Golf Team Championship



World Junior Golf Team Championship Acceptance Agreement Form

The Executive Committee of the WJGTC, congratulates your national team for qualifying to participate in the 2012 TOYOTA WORLD JUNIOR GOLF TEAM CHAMPIONSHIP.

As previously stated, the WJGTC committee will provide international air tickets from our designated city, room & board (scheduled meals), scheduled domestic transportation in Japan.

Please sign this Acceptance Form indicating your Association formally accepts the invitation for your National Team to participate in the 2012 World Junior Golf Team Championship.

Ernesto Fernández de Gamboa
Signature of Federation Officer/Title

Date: **28/03/2012**

ROYAL SPANISH GOLF FEDERATION

Country and Federation/Association

Ernesto Fernández de Gamboa
Name of Contact Person from Your Federation

efgamboa@rfegolf.es
Contact Person's Email Address

Please provide us a list of email addresses where you would want us to send out Press Releases before and during the tournament

miguelcaderot@rfegolf.es ;
cristina_herrera_garcia@yahoo.es ;

prensa@rfegolf.es
juanjo@rfegolf.es

*Please provide us an attachment sheet if you need more space for additional email addresses.





ACKNOWLEDGMENT OF RESPONSIBILITIES BY CAPTAIN/COACH

***Please spell each team member's name as EXACTLY WRITTEN on a passport and enclose a copy of a passport page where name appears**

Captain's name **Mr. Asís DE BASTIDA**

Coach's name **Mr. Salvador LUNA**

Federation Address: **REAL FEDERACIÓN ESPAÑOLA DE GOLF**
C/ Arroyo del Monte, 5
28035 – Madrid (Spain)

Country **SPAIN** Phone: **+34 91 555 26 82** Fax: **+34 91 556 32 90**

E-mail Address: efgamboa@rfegolf.es // juanjo@rfegolf.es

Accompanying Players

Jon RAHM

Mario GALIANO

Adriá ARNAUS

Victor PASTOR

-
1. From departure of our country to return, we shall accompany the above named players and shall cooperate with the committee in enabling the players to participate in the tournament and travel safely and punctually.
 2. We shall abide by the decisions the committee makes and shall cooperate with instructions from the committee concerning its schedule, meal and accommodation arrangements, as well as other matters.
 3. We shall take all responsibility for both ourselves and above named players during free time.
 4. We shall be in charge of the players' health and well being and shall allow the players to be treated at a chosen hospital by the committee if so needed. In such case, we shall notify the people concerned of any allergies or illness the players may have.

We shall always accompany our team players participating in the WJGTC and take all responsibility for these players as well as cooperate with the Tournament Committee.

Asís DE BASTIDA

Captain Print Name

Sign

Salvador LUNA

Coach Print Name

Sign

Date 22 / 05 / 2012





LIABILITY RELEASE

(Parents/ Guardians, please read carefully and fill in blanks)

The World Junior Golf Team Championship (hereafter called WJGTC), is organized by the WJGTC Executive Committee (hereafter called Organizers). In consideration for ORGANIZERS' involvement in supporting junior golf and WJGTC to be held in Toyota, Japan, between the dates of June 12 to June 25, 2012, inclusive of travel days, the undersigned, being the legal and acting guardians of and on behalf of the players named **Jon Rahm, Mario Galiano, Adria Arnaus and Victor Pastor**, release and hold harmless ORGANIZERS, their directors, agents, escorts, employees, members, owners, successors and assignees of any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, property damage or personal injury, including death, that may be sustained by the player named above and/or the undersigned while the player is in travel to, or participating in WJGTC, and further agrees to indemnify ORGANIZERS against all liability, loss, damages, reasonable attorney's fees, defense costs, expenses, judgment claims and demands which the ORGANIZERS may incur or become responsible for by reason of the above mentioned player.

The undersigned, being duly aware of the risks and hazards in travel to, and participating in a golf tournament and related activities, and acting for the player named above, hereby elect voluntarily to grant their written permission. The undersigned, acting for the player named above, hereby voluntarily assume all risks of loss, property damage or personal injury, including death, that may be sustained by the player and/or the undersigned.

This RELEASE shall be binding upon the distributees, heirs, next of kin, personal representatives, executors and administrators, successors and assignee of the player and of the undersigned.

This RELEASE shall be in full force and effect, inclusive of the days as above indicated, which the player is involved in travel, participation, or related activities as to the WJGTC.

In signing this RELEASE, each of the undersigned hereby acknowledges and represents:

a) That he/she has read the foregoing RELEASE, understands it, and signs it voluntarily.

b) That any undersigned, signing as 'legal guardian', is in fact a true legal guardian of the player named below, each of the undersigned is over the age of twenty-one years and of sound mind and has signed this RELEASE with the knowledge and consent of the player who has signed below, and each of the undersigned understands that this RELEASE relates to any and all claims of the player named below and the undersigned.

Player's Signature _____ Date 22 / 05 / 2012

Parent's Signature _____ Date 22 / 05 / 2012

Or

Guardian **ROYAL SPANISH GOLF FEDERATION** Date 22 / 05 / 2012
(Mr. Ernesto Fernández de Gamboa)



TOYOTA World Junior Golf Team Championship Application Form

Last Name **RAHM**

First Name **Jon**

M.I.

Date of Birth **(10 /11 /19 94)**

Age as of June 22, 2012 **17**

1,88

80 kgs

Height

Weight

REAL FEDERACIÓN ESPAÑOLA DE GOLF. C/ Arroyo del Monte 5 – 28003 · Madrid (Spain)
Address

MADRID
City

MADRID
State/Province

SPAIN
Country

+34 915552682
Home Telephone

+34915563290
Fax

Larrabea G.C.
Club Affiliation

School

Grade

Local Newspaper

Phone

Fax

miguelcaderot@rfegolf.es
Email Address

+3,6

Royal Spanish Golf Federation

Handicap (USGA/R&A)

Attested By

Home Golf Professional or National Golf Association



Awards/Recognitions National, State, Medalist, MVP)

TOURNAMENT RECORD

Year	National Tournaments	Finish	Score
2009	U16 Spanish Championship	1st	210 (3 rounds)
2010	U18 & U21 Spanish Championship	1st	288 (4 rounds)
2012	U18 & U21 Spanish Championship	1st	283 (4 rounds)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Year	International Tournaments	Finish	Score
2011	European Boys Team Championship	1st	----
2011	Jacques Leglise Trophy (European Team)	---	----
2012	Sir Michael Bonallack Trophy (European Team)	---	----
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please provide us an attachment sheet if you need more space for your tournament records**

JR. STATUS: I am familiar with USGA/R&A Rules of Amateur Status.

Player's Signature _____





MEDICAL CONSENT FORM

PARENT OR GUARDIAN SHOULD FILL IN AND SIGN:

The following is to ascertain the approval of the parents/guardian of

Jon Rahm _____ ,
Player's Name

who shall be participating in the WJGTC, that in the event an accident should occur and medical assistance is required, the consent of the player's parents/guardians has been given for said medical assistance to be received by the player and that the organizers, or chaperone (in the case that the chaperone is not the player's parent) shall not be held legally responsible.

Parent/Guardian Signature _____

Parent/Guardian printed name **Royal Spanish Golf Federation**

Parent/Guardian address **C/ Arroyo del Monte, 5. 28035 Madrid (Spain)**

_____ Phone **+34 91 555 26 82**

Player's health, to the best of his knowledge _____

Player's signature _____

Please fill in the following if your child has any existing allergy or condition that you feel we should be informed about _____



TOYOTA World Junior Golf Team Championship Application Form

Last Name **GALIANO** First Name **Mario** M.I.

Date of Birth **(07 /04/ 1995)** Age as of June 22, 2012 **17**

1,80 **78 kgs**
Height Weight

REAL FEDERACIÓN ESPAÑOLA DE GOLF. C/ Arroyo del Monte 5 – 28003 - Madrid (Spain)
Address

MADRID **MADRID** **SPAIN**
City State/Province Country

+34 915552682 **+34915563290**
Home Telephone Fax

La Cañada G.C.
Club Affiliation

School Grade

Local Newspaper Phone Fax

miguelcaderot@rfegolf.es
Email Address

+3,5 **Royal Spanish Golf Federation**

Handicap (USGA/R&A) Attested By Home Golf Professional or National Golf Association

Awards/Recognitions National, State, Medalist, MVP)



TOURNAMENT RECORD

Year	National Tournaments	Finish	Score
2011	Spanish Match Play Championship	1st	---
2011	Spanish International U21 Championship	1st	286 (4 rounds)
2012	Spanish Match Play Championship	1st	---
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Year	International Tournaments	Finish	Score
2011	European Boys Team Championship	1st	----
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please provide us an attachment sheet if you need more space for your tournament records**

JR. STATUS: I am familiar with USGA/R&A Rules of Amateur Status.

Player's Signature _____





MEDICAL CONSENT FORM

PARENT OR GUARDIAN SHOULD FILL IN AND SIGN:

The following is to ascertain the approval of the parents/guardian of

Mario Galiano _____ ,
Player's Name

who shall be participating in the WJGTC, that in the event an accident should occur and medical assistance is required, the consent of the player's parents/guardians has been given for said medical assistance to be received by the player and that the organizers, or chaperone (in the case that the chaperone is not the player's parent) shall not be held legally responsible.

Parent/Guardian Signature _____

Parent/Guardian printed name **Royal Spanish Golf Federation**

Parent/Guardian address **C/ Arroyo del Monte, 5. 28035 Madrid (Spain)**

_____ Phone **+34 91 555 26 82**

Player's health, to the best of his knowledge _____

Player's signature _____

Please fill in the following if your child has any existing allergy or condition that you feel we should be informed about _____



TOYOTA World Junior Golf Team Championship Application Form

Last Name **PASTOR**

First Name **Victor**

M.I.

Date of Birth **(01 /12 / 1994)**

Age as of June 22, 2012 **17**

1,77

70 kgs

Height

Weight

REAL FEDERACIÓN ESPAÑOLA DE GOLF, C/ Arroyo del Monte 5 – 28003 - Madrid (Spain)
Address

MADRID
City

MADRID
State/Province

SPAIN
Country

+34 915552682
Home Telephone

+34915563290
Fax

Córdoba C.C.
Club Affiliation

School

Grade

Local Newspaper

Phone

Fax

miguelcaderot@rfegolf.es
Email Address

+1,6

Royal Spanish Golf Federation

Handicap (USGA/R&A)

Attested By

Home Golf Professional or National Golf Association



Awards/Recognitions National, State, Medalist, MVP)

TOURNAMENT RECORD

[illegible]

***Please provide us an attachment sheet if you need more space for your tournament records**

JR. STATUS: I am familiar with USGA/R&A Rules of Amateur Status.

Player's Signature _____





MEDICAL CONSENT FORM

PARENT OR GUARDIAN SHOULD FILL IN AND SIGN:

The following is to ascertain the approval of the parents/guardian of

Victor Pastor _____ ,
Player's Name

who shall be participating in the WJGTC, that in the event an accident should occur and medical assistance is required, the consent of the player's parents/guardians has been given for said medical assistance to be received by the player and that the organizers, or chaperone (in the case that the chaperone is not the player's parent) shall not be held legally responsible.

Parent/Guardian Signature _____

Parent/Guardian printed name **Royal Spanish Golf Federation**

Parent/Guardian address **C/ Arroyo del Monte, 5. 28035 Madrid (Spain)**

_____ Phone **+34 91 555 26 82**

Player's health, to the best of his knowledge _____

Player's signature _____

Please fill in the following if your child has any existing allergy or condition that you feel we should be informed about _____



TOYOTA World Junior Golf Team Championship Application Form

Last Name **ARNAUS** First Name **Adria** M.I.

Date of Birth **(17 /10 / 1994)** Age as of June 22, 2012 **17**

1,82 **70 kgs**

Height

Weight

REAL FEDERACIÓN ESPAÑOLA DE GOLF. C/ Arroyo del Monte 5 – 28003 · Madrid (Spain)
Address

MADRID
City

MADRID
State/Province

SPAIN
Country

+34 915552682
Home Telephone

+34915563290
Fax

Can Cuyás G.C.
Club Affiliation

School

Grade

Local Newspaper

Phone

Fax

miguelcaderot@rfegolf.es
Email Address

+2,2

Royal Spanish Golf Federation

Handicap (USGA/R&A)

Attested By

Home Golf Professional or National Golf Association

Awards/Recognitions National, State, Medalist, MVP)



TOURNAMENT RECORD

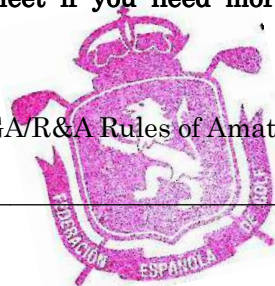
Year	National Tournaments	Finish	Score
2010	U16 Spanish Championship	1st	218 (3 rounds)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Year	International Tournaments	Finish	Score
2011	European Boys Team Championship	1st	----
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please provide us an attachment sheet if you need more space for your tournament records**

JR. STATUS: I am familiar with USGA/R&A Rules of Amateur Status.

Player's Signature _____





MEDICAL CONSENT FORM

PARENT OR GUARDIAN SHOULD FILL IN AND SIGN:

The following is to ascertain the approval of the parents/guardian of

Adria Arnaus _____ ,
Player's Name

who shall be participating in the WJGTC, that in the event an accident should occur and medical assistance is required, the consent of the player's parents/guardians has been given for said medical assistance to be received by the player and that the organizers, or chaperone (in the case that the chaperone is not the player's parent) shall not be held legally responsible.

Parent/Guardian Signature _____

Parent/Guardian printed name **Royal Spanish Golf Federation**

Parent/Guardian address **C/ Arroyo del Monte, 5. 28035 Madrid (Spain)**

_____ Phone **+34 91 555 26 82**

Player's health, to the best of his knowledge _____

Player's signature _____

Please fill in the following if your child has any existing allergy or condition that you feel we should be informed about _____

*** * * * N O T I C E * * * ***

CAPTAINS/COACHES – As in the past, we are planning to put Congratulatory messages in certain publications regarding the participating teams and, along these lines, it would be extremely helpful if we had a personal ‘congratulation letter’ such as by Heads of State, Sports Minister, noted Golfer, or Personality of your country to highlight these messages.

In addition, please have your federation president send a message letter.

This is our 20th anniversary since we started the tournament in 1992!

We will put those letters in our tournament brochures.

We do greatly appreciate your support in doing so.

****** The following information is for your guidance on the trip.**

1. The weather should be mild to warm; if you wish, the team members may wear shorts, but they must be of Bermuda length, not short gym type. It will be the rainy season so it is advisable to pack rain gear and umbrellas.

2. The players will be carrying their own golf bags, so it is imperative that they come with their carry size light bags.

We ask players to wear NON-metal spikes.

3. Remember that you may need some cash and/or major credit cards for any incidental purchases you or the team members may want to make.

4. Some of the participating countries will need to obtain visa to enter Japan.

Please make sure to check with Japanese Embassy or Consulate in your country whether you need visa to enter Japan or not, well in advance and if required, please ask what information you will need to obtain visa. Each Embassy may require different information and paperwork.

Please contact us should you have any questions relating to the contents of this packet, or any other items that we may have neglected to cover.

The WJGTC Committee