



Attach Passport
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GOLF CART PERMIT APPLICATION – (child 13 years or over and taller than 1.2m)

Please note that the granting of a permit is not a right but is at the discretion of the General Manager

Stand Number

Personal Details of Permit Applicant

Name	_____	Cell number	_____
Surname	_____	Gender	_____
Age	_____	Date of Birth	_____
Residential address	_____	Height of applicant	_____
Post code	_____	ID/Passport Number	_____

Personal Details of Natural Guardian

Name	_____	Cell number	_____
Surname	_____	Email	_____
Residential address	_____	ID/Passport Number	_____
Post code	_____	Home Owner	Yes/No

Acknowledgements by Applicant & Guardian

1. I have read and familiarised myself with the Princes Grant Estate Rules relating to Golf Cart usage and vehicle usage on the Estate;
2. Applicant knows and understands his/her obligations in terms of the Estate Rules and agrees to comply strictly with same;
3. As parent and natural guardian of the Applicant, I agree to ensure my child's knowledge of and compliance with the Estate Rules at all material times during the permit validity;
4. Applicant is familiar with the driving of a golf cart and the natural guardian hereby attests to such proficiency;
5. Applicant & Guardian agree to the revocation and/or suspension of the permit in the event of any breach of the Estate Rules, as determined by the GM and furthermore to the imposition of a fine for such breach and/or the fulfilment of a suitable punishment being served by the permit holder, at the sole discretion of the GM such as cleaning up activities on the Estate/beach.

Initials _____

Health Details

By my signature hereto, I confirm as parent and natural guardian of the child, who by this application is being considered for a golf cart driving permit that my child is not currently suffering from any serious (permanent or long term) illness, disability, medical condition or injury (or the effects of treatment for those things) that may affect his/her fitness to drive a golf cart. This includes but is not limited to eyesight or hearing problems, conditions that may deteriorate over time (e.g. multiple sclerosis) blackouts/dizziness, epilepsy/seizures, diabetes, sleep apnoea, head injury, stroke, cardiac conditions/high blood pressure and mental health conditions.

Indemnity Agreement

In my capacity as parent/natural guardian of the permit applicant, I agree to sign the attached Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement.

Your Signature

By signing this form, we declare that the information in this form and related supporting documents is true, complete and correct.

Dated at _____ this _____ day of _____ 20__

Applicant's Signature

Signature of Natural Guardian

Signature of Homeowner

For Office Use

Applicant 13 Years or Over of Age

Applicant Taller than 1.2m

Copy of Applicant ID/Passport

Copy of Guardian ID/Passport

Payment Received

Liability Waiver Signed by Guardian

Initials _____