

THE WORCESTERSHIRE GOLF CLUB

PARENTAL CONSENT FORM

Name of child:.....Date of Birth:.....

Home Address:

Tel Home: Mobile:

Emergency Contact Name:

Tel Home: Work:Mobile:

Alternative Contact Name:

Address:

Tel Home: Work:Mobile:

My Child's Doctor's name and contact details;

Name: Telephone:

Parental Consent for Away Matches/Competitions

- I understand that I will be advised of details of away matches and competitions and am aware of the Children in Golf Child protection Policy and Procedures and guidelines in relation to away matches and competitions.
- I consent to my child taking part in these activities. I acknowledge that the Worcestershire Golf Club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the away competition/tournament.
- I understand that if I am not able to attend or transport my own child, the Worcestershire Golf Club will on occasions be able to provide transport through the private transport of club volunteers. When volunteer transport is supplied, every effort will be made to avoid one to one supervision i.e. club volunteers will always try to ensure that a third party, be it another adult or child is present.
- I agree to be at the pick-up/drop off point at the agreed time

Parental Consent for the use of photographs or video

The Worcestershire Golf Club recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people we will not permit photographs, video images or other images of young people to be taken or used without the consent of the parents/carers and

the young person. The Club will follow the guidance for the use of images of young people as detailed within the Children in Golf Policy and procedures.

The Worcestershire Golf Club will take steps to ensure these images are used solely for the purposes they are intended which is the promotion and celebration of the activities of The Worcestershire Golf Club. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately

Should any photographs, video or other images of children and young people be necessary The Worcestershire Golf Club will take all steps to ensure they are used solely for the purposes they are intended e.g. coaching aid, newspaper/publication, club/county, school publicity etc.

Junior Consent

- I hereby agree to be a Junior Member of The Worcestershire Golf Club and agree to abide by its rules and regulations.
- I have read and will abide by the Junior Code of Conduct
- I consent/do not consent* to The Worcestershire Golf Club photographing or videoing my involvement in golf under the stated rules and conditions

Name of Junior:

Signature of Junior: Date:

Parental Consent

- I hereby give permission forto be a Junior Member of The Worcestershire Golf Club
- I understand and agree to the procedures for away matches and competitions
- I consent/do not consent* to The Worcestershire Golf Club photographing or videoing my child under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I also confirm that there are no restrictions related to taking photos
- I confirm that no junior of primary school age will be left unattended at the Golf Club

Signed: Date:

Relationship to junior member e.g. parent, guardian

* Delete as appropriate

PARENTAL CONSENT FORM - MEDICAL INFORMATION

NAME:..... DATE OF BIRTH:

DOCTORS NAME: Telephone:.....

1. Does your child experience any conditions requiring medical treatment and /or medication?

Yes NO

If yes please give details:

2. Does you child have any allergies?

Yes NO

If yes please give details:

3. Does you child have any specific dietary requirements

Yes NO

If yes please give details:

4. Please provide any further information you feel is necessary

- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed
- I consent to my child receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary

Signed (parent/guardian):.....

Print name:.....Date:

(This form is also to be used when taking young people on away matches or competitions (within the UK). One copy to be taken by tour/team manager and one copy to be retained by the Home Contact)