



**WEST CORNWALL GOLF CLUB – PARENTAL CONSENT FORM**

Details

Name of Junior: ..... Juniors DOB: .....

Name of Parent/ Guardian: .....

Address: .....

Post Code: .....

Contact Numbers: (HOME) ..... (MOBILE) .....

Email: .....

Second Emergency Contact Name: .....

Relationship to Junior: .....

Contact Number: .....

Please provide details of any condition, allergy or medication below: (If NONE, please state NONE)

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.....

I do/ do not consent to my child receiving essential or emergency medical treatment.

I do/ do not consent to my child using club facility changing rooms.

I do/ do not consent to my child being photographed and/or videoed for the sole use on the club website, social media (such as Facebook or Twitter) and for the promotion of the golf club and junior section.

I do/ do not consent to West Cornwall Golf Club contacting me by email or other electronic means.

Both Parent/Guardian and Child have read and understood the West Cornwall Golf Club Safeguarding and Child Protection Policy and agree to abide by Club rules, policies and codes of conduct for Adults and Juniors.

Signature of Parent/ Guardian: .....

Date: .....

Signature of Junior: .....

Date: .....

**Data Protection Act 1998 Declaration**

West Cornwall Golf Club is subject to the provisions of the Data Protection Act 1998, and all subsequent revisions. This means that we will keep this personal information safe, and only allow authorised people, who need to know for the welfare and supervision of your child, access to it. Please let us know of changes to the information you have provided.