



## SHERBORNE GOLF CLUB

### JUNIOR PLAYER FORM

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent to notify the Golf Welfare Officer (GWO) or Secretary if any of the details change at any time.

Name		
Date of Birth		
Address		
Telephone Number		
<b>Parents' Names</b>		
Address		(If different)
Home Telephone No		
Mobile Telephone No		
Work Telephone No		
Emergency Contacts		
<b>Contact 1 Name</b>		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
<b>Contact 2 Name</b>		
Relationship to child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

**Medical Information**

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

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

\*Yes                      No            \*If yes please give details, including medication, dose and frequency.

<input type="checkbox"/>	<input type="checkbox"/>
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3. Does your child have any allergies?

\*Yes                      No            \*If yes please give details.

<input type="checkbox"/>	<input type="checkbox"/>
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4. Does your child have any specific dietary requirements?

\*Yes                      No            \*If yes please give details.

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5. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

<input type="checkbox"/>	<input type="checkbox"/>
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**Disability**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

The Equality Act 2010 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability? \*Yes No

\*If yes what is the nature of the disability?

Hearing impairment

Learning disability

Multiple disabilities

☐ Physical disability

☐

Other (Please specify):

6. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

<input type="checkbox"/>	<input type="checkbox"/>
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- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.

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- I agree to notify the County/club of any changes.

- I, ....., being parent/guardian of the above named child, hereby give permission for the NGB/County/club responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

- The attached signature will denote that my child has my permission to be on the golf club's premises. (Please tick the box if agreed)

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- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition.

(Please tick the box if agreed)

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- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club. (Please tick the box if agreed)

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Signed – Parent/Guardian	
Print name	<input type="checkbox"/> <input type="checkbox"/>
Date	<input type="checkbox"/>

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