

## Junior Player Profile & Parental Consent Form

The safety and welfare of juniors in our care is paramount and it is therefore important that we are aware of any particular medical conditions or health details so that their best interests are addressed.

**Office use only**

Form Rec'd

—/—/—  
Rec'd By (Sig)

\_\_\_\_\_

Please indicate which section your child participates in Golf:

Holiday Camp

Group Coaching

Individual Coaching

Name of Child:				Date of Birth:					
Address:									
						Post Code:			
Parent/Guardian:									
Tel:		Home:		Work:		Mobile:			
e-mail Address:									

### Alternative Emergency Contact

Contact 1		Name:						Relationship to child:			
Tel:		Home:		Work:				Mobile:			
Contact 2		Name:						Relationship to Child:			
Tel:		Home:		Work:				Mobile:			

### Medical Information

Child Doctors Name:						Tel:			
Address:									
							Post Code:		

Does your child experience any conditions requiring medical treatment and / or medication?  
**YES / NO** If yes please give details: \_\_\_\_\_

Does your child have any allergies or specific dietary requirements? **YES / NO**  
If yes please give details: \_\_\_\_\_

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 Disability:  Physical Disability:   
Other: (Please Specify) \_\_\_\_\_

### **Photography & Filming consent**

In accordance with our child protection policy we will not permit photographs, video or other images to be taken without the consent of the parent/carers and the child.

The Bromsgrove Golf Centre will take steps to ensure that these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the club.

#### **To be completed by Parent / Guardian**

I \_\_\_\_\_ (Parent Full Name) consent to The Bromsgrove Golf Centre photographing or videoing \_\_\_\_\_ (Child Full Name) under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

**Signature of Parent Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **To be completed by Child**

I \_\_\_\_\_ (Child Full Name) consent to The Bromsgrove Golf Centre photographing or videoing me, under the stated rules and conditions.

**Signature of Child** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Representing The Club / Transport (Club Members Only)**

Do you consent to your child taking part in pre-arranged matches on the basis that it is your duty (not Junior, Coaches, organisers or volunteers) to arrange transport both to and from the venues? **YES / NO**

### **Children In Golf Handbook**

Please indicate if you have received a copy of our Children in Golf 'Child Protection Handbook'. **YES / NO**

### **Social Media**

Social Media groups have been set up to help juniors engage with each other, promote the club & inform juniors of upcoming events and fixtures. These groups are closed to the public and only those authorised by club officials may gain access. Officers at the club to ensure the safety and relevance of the content strictly police these groups.

Do you consent to your child engaging in the group if they wish to do so? **YES / NO**

#### **To be completed by Child**

I hereby agree to abide by the Code of Conduct for Young Golfers as detailed within the Child Protection Handbook.

**Signature of Child** \_\_\_\_\_ **Date** \_\_\_\_\_

**To be completed by Parent / Guardian**

Your Signature also denotes acceptance of the following:

- I hereby give permission for my child to receive medical treatment which in my opinion of a qualified medical practitioner may be necessary and where it would be contrary to my child's best interests for any delay to be incurred by seeking my personal consent.
- I can confirm that my child has my permission to be on the Golf Centres premises.
- I acknowledge that the Centre is not responsible for providing adult supervision for my child except for formal junior golf coaching or matches.

Signed (Parent / Guardian) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

In the event of any changes to the information provided, please inform the Golf Welfare Officer at the Golf Centre.

Please complete and return to:  
Mr M Laing (Golf Welfare Officer)  
Bromsgrove Golf Centre  
Stratford Road  
Bromsgrove  
B60 1LD