**Junior Profile and Parental Consent Forms - GREENFIELD GOLF CLUB**

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

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| --- | --- |
| Junior Name |  |
| Date of Birth |  |
| Address |  |
| Telephone Number |  |
| **Parents’ Names** |  |  |
| Address |  | (If different) |
| Home Telephone No |  |  |
| Mobile Telephone No |  |  |
| Work Telephone No |  |  |
| **Emergency Contacts** |
| **Contact 1 Name** |  |
| Relationship to child |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Work Telephone Number |  |
| **Contact 2 Name** |  |
| Relationship to child |  |
| Home Telephone Number |  |
| Mobile Telephone Number |  |
| Work Telephone Number |  |

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| --- | --- |
| Please confirm details of all those with Parental Responsibility for the Child. |  |

**Medical Information**

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| --- | --- |
| Child’s Doctor’s name |  |
| Doctor’s Surgery Address |  |
| Telephone Number |  |

Does your child experience any conditions requiring medical treatment and/or medication? **YES □ NO □**

\*If yes please give details, including medication, dose and frequency.

Does your child have any allergies? **YES □ NO □**

 \*If yes please give details.

Does your child have any specific dietary requirements? **YES □ NO □**

 \*If yes please give details.

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

**Disability**

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?

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.

 **Consent from Parent/Legal Carer:**

* I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
* I agree to notify the Club of any changes to this information.
* I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.
* The attached signature will denote that my child has my permission to be on the golf club’s premises.
* I acknowledge that the club is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition.
* I agree to my child being transported by club representatives to and from venues when he/she is representing the club.

(Please tick the boxes if agreed)

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| --- |
| By signing this document I confirm that I have legal responsibility for  ……………………………………………………… ; I am entitled to give this consent and I am aware of how the information I have provided may be used.  |
| **Signed – Parent/Carer** |  |
| **Print name** |  |
| **Date** |  |