



HAZEL GROVE GOLF CLUB

PARENTAL CONSENT FORM

Players Name

Date of Birth Handicap

I, the undersigned give my permission for my child to play in any matches or golf event organised by the above mentioned Club, and any other affiliated association and to be on any Golf Club Premises (Clubhouse, Course and Practice Areas). I acknowledge however with this, that both the Club and others have responsibility for providing adult supervision for my child except for formal golf coaching and competition. I further consent to my child:

1. Playing with older children/adults in Society, County, Regional or National events.
2. Subject to my prior approval (which will be deemed to have been given in the absence of contact with the official in charge) travelling in the company of an adult or adults to an event in which the Club or County is playing as a team or individually.
3. Receiving outdoor or indoor coaching or any other instruction from any Club, County, Regional or National Golf professional.
4. Receiving instruction and advice from any Club, County Officer, Club Official, Golfing Official or any other authorised Representative.
5. Receiving such advice and instruction as may be considered to be reasonable in the circumstances from Club, Regional or National officer so as to protect the interests of my child whilst they are properly involved in any event organised by the Society, County or Club in part or the whole.
6. Being included in any Team or Group photograph, or being the subject of coaching and instruction by video.

I also give consent to my child to be given essential medical treatment, as necessary, when a qualified medical practitioner provides or advises the treatment.

My child is in good health but I understand it is in my duty to advise the Golf Club through its Secretary/Manager or Club Junior Organiser, of any medical condition or dietary requirement of which such officials should be made aware in the interests of the child. (If there are any such facts to be disclosed, please submit them in the most appropriate manner (preferably in writing) whereupon they will be retained in strict confidence between the relevant adults only).

In an emergency; I expect to be contacted through the following numbers:

Name of Parent/Guardian	
Address	
Postcode	
Telephone Contact Numbers	Home: Mobile: Work: Email:

Has your child any existing medical conditions, dietary or general additional information of which officials should be aware of.

Doctors Name		Allergies	Yes	No
Address		Medical	Yes	No
Telephone No:		Tetanus Injections	Yes	No

Signed:

Player

Parent/Guardian

Date