

## Consent Form for clubgolf Junior Coaching 2018

### Pupils details & correspondence details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

### Course details

Kemnay Golf Club

16th April to 2nd July inclusive

20th August to 10th September inclusive

### Additional information (\*delete as applicable)

Have you played golf before? Yes / No \*

Are you Right / Left \* handed?

### Parent / Guardian

Name: \_\_\_\_\_

Emergency Contact Details (2 are required)

Name & Tel No: \_\_\_\_\_

Name & Tel No: \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

### Allergies / medical conditions

Please list any allergies / medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Please advise any actions required to be taken with regard to the above:

\_\_\_\_\_

\_\_\_\_\_

Do you have a disability? YES NO (circle)

Please specify \_\_\_\_\_

### Parental consent

I agree to my child/children\* participating in any or all of the golf coaching sessions listed organised by KEMNAY GOLF CLUB

I consent / do not consent\* to my child's picture being used for publicity purposes

(\*delete as appropriate)

In the event of any injury or illness I also authorise the organisers to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Be ready for coaching 5 minutes before the start of their session, demonstrate appropriate behaviour at all times, have a positive attitude to other golfers, Clubs, coaches, officials and helpers and not act in a manner which is likely to bring the Club into disrepute.

Signature of Pupil \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_