

Consent Form for clubgolf Junior Coaching 2017

Pupils details

Name: _____

Address: _____

County: _____

Postcode: _____

Telephone: _____

Mobile: _____

E-mail: _____

Date of birth: _____

Age: _____

Course details

Kemnay Golf Club

17th April to 26th June inclusive

21st August to 18th September inclusive

Additional information (*delete as applicable)

Have you played golf before? Yes / No *

Parental consent

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

KEMNAY GOLF CLUB

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 _____

I consent / do not consent* to my child's picture being used for publicity purposes (*delete as appropriate)

Be ready for coaching 10 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 _____

Data Protection: Please note that all information gathered is for the sole use of **Kemnay Golf Club** and will not be passed on to any other body and will be regarded as strictly private & confidential.

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:

Do you have a disability? YES NO (circle)

Please specify _____