



## Consent Form for 'Learn to Golf' Junior Coaching 2024

### KEMNAY GOLF CLUB

15<sup>th</sup> APRIL – 1<sup>st</sup> July (12 Weeks)

19<sup>th</sup> AUGUST – 9<sup>th</sup> SEPTEMBER (4 Weeks)

#### Pupil details & correspondence details

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

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

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Mobile \_\_\_\_\_

**PARENTAL CONSENTS** delete as applicable

**Additional Information:** delete as applicable

Do You have a disability? YES / No

Please Specify: \_\_\_\_\_

Have you played Golf before? YES / No  
Specify Experience

\_\_\_\_\_

Are you Right Handed / Left Handed

#### Emergency Information & Contact (2 required)

Name and Tel No: \_\_\_\_\_

\_\_\_\_\_

Name and Tel No: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

Doctors Tel: \_\_\_\_\_

Please List any Medical Conditions / Allergies of Pupil: i.e ADHD,

Nut allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Advise any action regarding the above.

Golf Sixes Participation YES / NO

Flag Event YES / NO

Golfers may take Mobile phones for emergency use and contacting parents, but MUST NOT be used during coaching. By signing the consent you are agreeing to this statement.

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

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

**I consent/do not consent** to my child/children receiving a ride home with other parents after golf sessions.

Learn to Golf uses the SPOND App for communication with Parents, Coaches and Juniors. It is important Parents sign up to ensure effective communication and efficient running of coaching evenings. This is a closed group and no access is available to others outside the group.

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.



In the event of any illness or injury I also authorize 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. My child also understands this. **PLEASE BE READY FOR COACHING 15 MINUTES BEFORE THE START OF THE SESSION. EVERYONE SHOULD DEMONSTRATE APPROPRIATE BEHAVIOURS AT ALL TIMES AND NOT ACT IN A WAY THAT WILL BRING DISREPUTE UPON KEMNAY GOLF CLUB.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PUPIL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_