

Junior Profile and Parental Consent Forms – Cambridge Meridian GC
PRIVATE & CONFIDENTIAL

(For Players Under the age of 18)

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

In compliance with the Data Protection Act 1998, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of England Golf where necessary.

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

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	

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

Medical Information

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 <input type="checkbox"/> NO <input type="checkbox"/>
--

*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)

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	