



DUMBARTONSHIRE GOLF UNION JUNIOR COACHING PARENT OR GUARDIAN CONSENT 2018



NB: PARTICIPATION WILL NOT BE PERMITTED WITHOUT COMPLETION AND RETURN OF THIS FORM.

Please complete form in ball-point pen in block capitals

Date of Issue Returned by.....latest.

Name of Son/Ward:

Golf Club: Date of Birth:

Home Address:

.....

I, (Parent/Guardian/Legal Carer) *

Residing at

Hereby give consent to Dumbartonshire Golf Union and its Executive Committee to allow the person, whose details are given above, to take part in coaching sessions and team matches and, where necessary, to organise for his transportation by such means and under such supervision as they consider appropriate.

I also **agree / do not agree*** to the inclusion of the above Junior in suitable photographs which may be taken in connection with the golfing events.

Please provide hereunder details of any relevant medical conditions that may affect the boy's participation in the above events. Please also supply details and the purpose of any periodic or emergency medication the boy is required to carry with him. This information is requested to ensure the health wellbeing of the boy during such events and any information provided will be regarded as strictly confidential.

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Name of General Practitioner:

Telephone Number of General Practitioner:

It is the responsibility of the Parent / Guardian / Legal Carer to advise Dumbartonshire Golf Union of any changes in the relevant medical conditions and/or medication.

EMERGENCY CONTACTS

	Contact 1	Contact 2	Contact 3
Name
Relationship
Home
Business
Mobile

Signed: **Date:**

***Delete as applicable**