



SURREY GOLF



PLAYER PROFILE CONSENT FORM 2021

The safety and welfare of juniors in our care is paramount, and it is therefore of the utmost importance that we are aware of any illness, medical condition, and other relevant health details so that their best interests can be addressed. Please complete this form with our assurance that the information will be treated as confidential. This form is designed to be completed by the Parent or Legal Guardian of any player under the age of 18.

Players Name:									
Date of Birth:									
Address:									
Handicap (if applicable):				Home Golf Club:					
WHS Number (previously referred to as CDH Number if applicable):									
Parents' Names									
Preferred Email address for correspondence									
Name of Coach & Club they are assigned to									

EMERGENCY CONTACT DETAILS

Name(s):									
Relationship to child:									
Contact Number 1									
Contact Number 2									

MEDICAL INFORMATION

Doctor's Name:									
Doctor's Surgery Address:									
Telephone Number:									

Does your child experience any conditions requiring medical treatment and/or medication?

*If YES please provide details:

YES* NO

Does your child have any allergies? e.g., nuts, seafood, bee stings, and wasps.

*If YES please give specific details:

YES* NO

Does your child have any specific dietary requirements?

*If YES please give specific details:

YES*

NO

What additional needs, if any, does your child have e.g., needs help to administer planned medication, assistance with lifting or access, regular snacks?

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?

*If YES what is the nature of the disability?

YES*

NO

Does your child have any communication needs e.g., hearing impairment/ sign language user/ dyslexia?

If yes, please tell us what we need to do to enable him/her to communicate with us fully?

DECLARATION (please read and sign below)

I confirm that to the best of my knowledge that my child does not suffer from any medical condition(s) other than those detailed above.

I agree to notify Surrey County Golf Ltd of any change(s) relating to my child's medical health / condition.

I being parent/guardian of the above named child, hereby give permission for Surrey County Golf Ltd to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent. I also understand that all reasonable steps will be taken to contact me, or the alternative adult named on this form should such an incident arise.

I confirm that my child has my permission to take part in golf events, competitions, matches, and training organised by Surrey County Golf Ltd.

I accept that Surrey County Golf Ltd is not responsible for providing adult supervision for my child except for formal junior golf training, matches or competitions.

I give permission for my child to be photographed and/or videoed, the images of which may be used by Surrey County Golf Ltd for promotional or training purposes, including use on our website, social media platforms and local publications / newspapers.

Surrey County Golf Ltd will use the information provided on this form to administer the above-named players golfing activity with Surrey and in any activities in which they participate through Surrey and to care for and supervise activities in which he/she is involved. In some cases, this may require Surrey County Golf Ltd to disclose certain Information to County Boards, coaches and to England Golf. In the event of a medical issue or child protection issue arising, Surrey County Golf Ltd may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation. Once completed and acknowledged as being received by Surrey County Golf Ltd this information will be retained until the end of the 2021 season (31/12/2021). As the person completing this form, you must ensure that the player whose information you include in this form knows what will happen to their information and how it may be disclosed.

PLEASE TICK IN THE BOX CONFIRMING YOUR AGREEMENT OF THE ABOVE DECLARATION

REQUIRED

Signed (Parent / Guardian): _____

Print Name: _____ Date: _____