



## PLAYER PROFILE CONSENT FORM 2019

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:						
CDH Number (if applicable):								
Name of Home Coach & Club they are assigned to								
Parents' Names								
Preferred Email address for correspondence								
<b>EMERGENCY CONTACT DETAILS</b>								
<b>Name:</b>								
Relationship to child:								
Contact Number 1								
Contact Number 2								
<b>MEDICAL INFORMATION</b>								
Child's Doctor's Name:								
Doctor's Surgery Address:								
Telephone Number:								
<b>Does your child experience any conditions requiring medical treatment and/or medication?</b> *If YES please provide details								
				YES* <input type="checkbox"/>				NO <input type="checkbox"/>
<b>Does your child have any allergies? e.g. nuts, seafood, bee stings, and wasps.</b> *If YES please give specific details:								
				YES* <input type="checkbox"/>				NO <input type="checkbox"/>

**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 ensure you tick the box to the right of each statement to indicate your acceptance)**

To the best of my knowledge my child does not suffer from any medical condition other than those detailed above, and I agree to notify Surrey Golf in writing of any change(s) relating to my child's health / medical condition(s).

I give my consent that in an emergency, Surrey 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 take part in golf events, competitions, matches and training organised by Surrey Golf.

I agree to my child being transported by county and/or club representatives to and from venues when he/she is representing Surrey Golf should the need arise.

I accept that Surrey County 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/ videoed, the images of which may be used for Surrey Golf promotional or coaching purposes including use on our media platforms and publications?

Surrey Golf 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 Golf to disclose the Information to County Boards, coaches and to England Golf. In the event of a medical issue or child protection issue arising, Surrey Golf 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 Golf this information will be retained until the end of the 2019 season (31/12/2019). 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.

Signed (Parent / Guardian): \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_