#### **Junior Profile and Parental Consent Forms**

**Player Profile Form** (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 2018, GDPR and all relevant data protection legislation, 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 Union Welfare Officer (UWO) or Secretary 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			
<b>Emergency Contacts</b>			
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 comedication? <b>YES NO</b>	onditions requiring medical treatment and/or
	ing medication, dose and frequency.
Tri yes please give details, iliciddi	ing medication, dose and frequency.

*If yes please give details.  Does your child have any specific dietary requirements? YES \( \text{NO} \) \( \text{If yes please give details.}		
*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 $\square$ NO $\square$		
*If yes what is the nature of the disability?		

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 Union of any changes to this information.
• I give my consent that in an emergency situation, the Union 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 Union's premises.
• I acknowledge that the Union 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 Union representatives to and from venues when he/she is representing the Union.
(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	