

# The Fulwell G.C. Junior Section



## Junior Player Profile Form

Secretary

[secretary@fulwellgolfclub.co.uk](mailto:secretary@fulwellgolfclub.co.uk)

020 8977 2733

# Junior Player Profile Form

The safety and welfare of our 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.

Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their guardian to notify the secretary if any of the details change at any time.

<b>Name:</b>	<b>DOB:</b>
Address:	
Telephone Number:	
Previous / Existing Club:	
CDH Number:	Handicap:
<b>Parents' Name:</b>	
Address: (if different to above)	
<b>Email Address:</b>	
<b>EMERGENCY CONTACTS</b>	
<b>Contact 1 – Name:</b>	
Relationship to Child:	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	
<b>Contact 2 – Name:</b>	
Relationship to Child:	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	

## Junior Player Profile Form (continued)

### MEDICAL INFORMATION

Child's Doctors 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\*  NO

If YES Please give details:

**Does your child have any 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?**

**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?

Hearing impairment

Learning disability

Multiple disabilities

Physical disability

Other: (Please specify) \_\_\_\_\_

## *Junior Player Profile Form (continued)*

**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 to communicate with us fully:**

- 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.
- I understand that the personal details provided will be processed in accordance with Fulwell's Privacy Notice for Juniors available on the club website.
- I, \_\_\_\_\_, being parent/guardian of the above named child, hereby give permission for the club's responsible person to give the immediate 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.
- 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 golf coaching, matches or competition.
- I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club.

**Signed (Parent/Guardian):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_