



Junior Player Profile Form

Buckinghamshire County Ladies' Golf Association
(BCLGA)



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.

Please complete this form with our assurance that the information will be treated as confidential and will be deleted from the BCLGA junior database when the junior is no longer registered with the county or, if still registered, when the consent to hold their data is withdrawn.

It is the responsibility of the Junior and their parent/guardian to notify the County Junior Organiser or a member of the Junior Committee if any of the details change at any time.

Contact Details

Child's Name	
Child's Date of Birth	
Child's Address	

Parents/Guardians

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address (If different to above)		
Home Telephone		
Mobile Telephone		
Work Telephone		
Email Address		

Other Emergency Contacts

	Other Contact 1	Other Contact 2
Name		
Relationship to Child		
Home Telephone		
Mobile Telephone		
Work Telephone		



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Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

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

Yes / No

*If yes please give details, including medication, dose and frequency.

2. Does your child have any allergies?

Yes / No

*If yes please give details.

3. Does your child have any specific dietary requirements?

Yes / No

*If yes please give details.

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

5. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia?

Yes / No

*If yes, please tell us what we need to do to enable her to communicate with us.



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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 / No *If yes what is the nature of the disability?

- Hearing impairment Learning disability Multiple disabilities
 Physical disability Other (Please specify):

Use of Photographic and Recorded Images

BCLGA recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent.

BCLGA will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

BCLGA will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of BCLGA. This may include (but is not limited to):

- Publication in local newspapers, BCLGA or England Golf Newsletters, golfing magazines
- Television publicity
- Posting in public places (e.g. club noticeboards)
- Publication on the BCLGA website (www.bclga.org.uk)

IF YOU BECOME AWARE THAT IMAGES ARE BEING USED INAPPROPRIATELY, YOU SHOULD INFORM THE COUNTY WELFARE OFFICER IMMEDIATELY

If at any time either the parent/ guardian or the child wishes any images that may be made available on the BCLGA website to be removed, 7 days' notice must be given to the Golf Welfare Officer after which time the data will be removed.



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Declarations

1 TO BE COMPLETED BY PARENT/GUARDIAN

I confirm that I am the legal parent/guardian of the child named above and am entitled to give these consents.

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 BCLGA of any changes.

Being parent/guardian of the above-named child, I hereby give permission for the BCLGA responsible person 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.

- The signature below denotes that my child has my permission to be on a golf club's premises for the purposes of coaching, matches and competitions. Yes / No
- I acknowledge that BCLGA is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. Yes / No
- I consent to BCLGA photographing or videoing my child under the stated rules and conditions. Yes / No
- * I consent to the data provided on this form being held on the BCLGA junior database. Yes / No
- * I consent to our email addresses being used to keep us informed of BCLGA activities and events. Yes / No

Signed – Parent/Guardian	
Print name	
Date	

* To withdraw consent for data to be held on the BCLGA Junior Database or for email addresses to be used to keep you informed of events, please contact the BCLGA County Junior Organiser.

2 TO BE COMPLETED BY CHILD

I consent to BCLGA photographing or videoing my involvement in golf under the stated conditions.

Signed – Child	
Date	