

Junior Profile and Parental Consent Forms - Essex Golf Union

Essex Golf Union Registration and Consent Form

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of child/young person:			
Address:			
Date of Birth:			
Gender:	Male	/	Female
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		
Medical information:			
GP's Name & Phone No.			
Any specific medical conditions requiring medical treatment?	Yes: Please give details:	No:	
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes: Please give details:	No:	
Any allergies?	Yes: Please give details:	No:	
Details of any dietary requirements (vegan/vegetarian):	Yes: Please give details:	No:	
Does your child have any additional needs, e.g help with administering medication, assistance with lifting or access, regular snacks?			

Does your child have any communication needs, eg 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.

Consent information: *please tick the boxes below*

I Confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above. I give my consent that if an emergency medical situation arises, the organisation may act as loco parentis. If the need arises for administration of 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 circumstances that all reasonable steps are made.

- I confirm that I have read, or been made aware of, the organisation's policies concerning:**
- Essex Golf Union Safeguarding Children & Young People Policy
 - Codes for conduct for parents, coaches, children & young people
 - Changing room policy
 - I acknowledge that the County is not responsible for providing adult supervision for my child except for formal junior golfing coaching or when they are part of a County representative team
 - Photography, videoing, texting and use of social media policies
 - I agree to my child being transported by county representatives to and from venues when he is representing the county.
 - I can confirm that my child is aware of the Essex Golf Unions' code of conduct for children and anti-bullying policy.
- The policies are available to view on the County website, www.essexgolfunion.org**

Signature of child/young person:	
Print name child/young person:	
Date:	

By Signing this document I confirm that I have legal responsibility for

_____;
I am entitled to give consent and I am aware of how the information I have provided may be used.

Signature of parent / guardian:	
Print name parent / guardian:	
Date:	

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 only be used in accordance with our Data Protection Policy, which can be found on the Essex Golf Union website.

It is the responsibility of the junior and their parent to notify the County Welfare Officer (CWO) or County Secretary if any of the details change at any time.