

PARENTAL CONSENT FORM

Angus Ladies County Golf Association values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in golf.

To help us fulfil our joint responsibilities for keeping children safe the Association has introduced Good Practice Guidelines. These Guidelines tell you what you can expect from us when your child participates in golf and details the information we need from you to help us keep your child safe.

We need you to complete this form at the start of every season and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. the lead coach or first aider.

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|----------------------------------|--|
| NAME OF CHILD: | |
| Date of Birth: | |
| Address: | |
| Telephone Number: | |
| PARENTS' NAMES: | |
| Address: (if different to above) | |
| Home Telephone Number: | |
| Mobile Telephone Number: | |
| Work Telephone Number: | |
| EMERGENCY CONTACTS | |
| 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: | |
| MEDICAL INFORMATION | |
| Child's Doctor's Name: | |
| Doctor's Surgery Address: | |
| Telephone Number: | |
| <p>Does your child have any pre-existing medical conditions that may affect the child's participation in golf:</p> <p style="text-align: right;">YES* <input type="checkbox"/> NO <input type="checkbox"/></p> <p>*If YES please give details, including medication, does and frequency:</p> | |
| <p>Does your child have any existing injuries:</p> <p style="text-align: right;">YES* <input type="checkbox"/> NO <input type="checkbox"/></p> <p>*If YES please give details, including injury sustained and treatment received):</p> | |
| <p>Does your child have any allergies:</p> <p style="text-align: right;">YES* <input type="checkbox"/> NO* <input type="checkbox"/></p> <p>YES please give details:</p> | |
| <p>I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. <i>(Please tick the box if agreed)</i> <input type="checkbox"/></p> | |
| <p>TRANSPORTATION OF CHILDREN</p> <p>I consent / I do not consent (delete as appropriate) to my child being transported by persons representing the Association or one of its individual members or affiliated clubs for the purposes of taking part in golf.</p> <p>I understand the Association will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.</p> | |

PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

Your child may be photographed or filmed when participating in golf. All reasonable steps will be taken to obtain parental consent *In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.*

I GIVE/DO NOT GIVE (delete as appropriate) my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in Angus Ladies County Golf Association's Good Practice Guidelines.

CONTACT

Angus Ladies County Golf Association may contact your child from time to time via email, text or social networking site.

I consent / I do not consent (delete as appropriate) for my child to be contacted via email, text or social networking site.

I do / do not (delete as appropriate) wish to be copied in to these messages. If you do wish to be copied in to these messages please ensure your email details are in the Contact section of this form.

ADULT SUPERVISION

I acknowledge that the Association is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. *(Please tick the box if agreed)*

Signed (Parent/Carer): _____

Print Name: _____

Date: _____

Please complete and return to:

Angela Evans, Safeguarding Officer

aeanguscounty@gmail.com