



HERTFORDSHIRE GOLF UNION

Dear Parent,

JUNIOR PLAYERS PARENTAL CONTACT & CONSENT FORM 2010

To ensure we comply with the Hertfordshire Golf Union "Children in Golf Policy" (copy available on the county website www.hertsgolfunion.com) your signed approval authorising acceptance of our policies is required annually. The information will be held by us in strict confidence and only used in the best interests of your son. It will be destroyed securely when it becomes out of date.

JUNIOR PLAYER DETAILS

Players Name: Email address: Mobile Number:	Date of Birth:
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CONTACT DETAILS

Parent/Carer's Name Home Address	Home Tel: Work Tel: Mobile:
Alternative Contact Name: Home Address:	Home Tel: Work Tel: Mobile:

EMERGENCY FIRST AID / MEDICAL TREATMENT

Doctor's Name Address Surgery Telephone Number	NHS Number
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*My child is under 16 years of age. I authorise the HGU to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary.

*My child is 16 years of age or over. I acknowledge that he has the right to decide for himself on the treatment to be received or the need to attend hospital or medical centre.

In the event of any medical attention being administered, I understand that the HGU will inform me of the action taken as soon as is practical.

Medical Details: In caring for the best interests of your son it is important that the HGU know whether he suffers from any medical condition or illness, or whether he is receiving medical treatment of any kind. Please indicate below, in strict confidence, any health related matters, which you think it is best we know about, including any prescribed dosage or special dietary requirements.

My child suffers from the following allergies / conditions:

Asthma	Yes / No	Fits or Blackouts	Yes / No
Epilepsy	Yes / No	Diabetes	Yes / No
High Blood Pressure	Yes / No	Heart Problems	Yes/ No
Migraine	Yes / No		

Please record below, allergies, other medical conditions or any medication prescribed for your child:

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Also record medication not to be administered:

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Note: - This section should be updated annually or as the medical condition of your child changes.

Consent:	Signature
In the event of an emergency I consent to my son receiving essential medical treatment as prescribed by a qualified medical practitioner.	

JUNIOR PLAYERS PARENTAL CONSENT FOR COACHING / TUITION & PHOTOGRAPHY

Please note that if the completed consent form is not returned to the County Union, your child may not be coached or taught by the HGU professional staff or volunteers.

Consent:	Signature
I consent to my son taking part in golf events and training activities organised by the Hertfordshire Golf Union, or by the South East Group of the English Golf Union, and to receiving coaching and mentoring from professional coaches and volunteers.	
I consent to the use of photographs of my son, taken at the above events and activities, on the HGU web site, in the HGU magazine or for issue, under strict control, to known members of the golfing press and for coaching and training assistance and record.	

TRANSPORT OF JUNIORS TO AWAY MATCHES & TOURNAMENTS

There may be occasions where junior players of the Hertfordshire Golf Union (HGU) will travel to other golf courses to take part in competitions or tournaments, and which may involve overnight stay. Where a parent is unable to attend or transport their own child to these events, volunteers from the HGU may be able to provide transport in their own private vehicles. When volunteer transport is supplied, every effort will be made to ensure that a child does not travel alone with an adult and that a third party, be it another adult or child is present.

Consent:	Signature
<p>I am aware of the Children in Golf Child Protection Policy and Procedures and Guidelines adopted by the HGU in relation to away competition/tournaments that may involve overnight accommodation.</p> <p>I consent to my child taking part in activities indicated. I acknowledge that the County Union will be liable in the event of any accident only if they have failed to take reasonable steps in the duty of care of my child during the away competition/tournament.</p> <p>I agree to be at the pick-up/drop off point at the agreed time</p>	

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