

OXFORD GOLF CLUB

OXFORD CITY GOLF CLUB

OXFORD LADIES GOLF CLUB

Parental Consent Form																			
Child/Young Person		Parent/Guardian																	
Name:	Name:																		
Address:	Address <i>(if different)</i>																		
Postcode:	Postcode:																		
Date of Birth:	Home Tel:																		
Home Tel:	Mobile Tel:																		
Mobile Tel:	Work Tel:																		
Emergency Contact Person		Doctor's Details																	
Name:	Relationship to Junior:	Name:	Address																
Home Tel:																			
Mobile Tel:																			
Work Tel:		Telephone:																	
Medical Consent																			
<p>Should your child suffer an injury or become ill whilst playing golf it may not always be possible to contact you. Should you not be available to give your consent at the time, if you wish the Club to provide First Aid or seek emergency treatment, please complete the authorization below (tick relevant box).</p> <p>*My child is under 16 years of age <input type="checkbox"/></p> <p>I authorize the Club to arrange for my child to receive essential medical treatment from a qualified medical practitioner at a hospital or other medical centre, where necessary.</p> <p>*My child is 16 years of age or over <input type="checkbox"/></p> <p>I acknowledge that he/she has the right to decide for him/herself on the treatment to be received or the need to attend hospital or medical centre.</p> <p>In the event of any medical attention being administered, I understand that the Club will inform me of the action taken.</p> <p>My child suffers from the following allergies / conditions:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">Asthma</td> <td style="width: 16.5%;">Yes/No</td> <td style="width: 33%;">Fits or Blackouts</td> <td style="width: 16.5%;">Yes/No</td> </tr> <tr> <td>Epilepsy</td> <td>Yes/No</td> <td>Diabetes</td> <td>Yes/No</td> </tr> <tr> <td>High Blood Pressure</td> <td>Yes/No</td> <td>Heart Problems</td> <td>Yes/No</td> </tr> <tr> <td>Migraine</td> <td>Yes/No</td> <td>Other</td> <td>Yes/No</td> </tr> </table> <p>Please record below, allergies, other medical conditions or any medication prescribed for your child:</p> <p>.....</p> <p>.....</p> <p>Also record any medicine NOT to be administered:.....</p> <p>.....</p> <p>.....</p>				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	Other	Yes/No
Asthma	Yes/No	Fits or Blackouts	Yes/No																
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Dietary Requirements
My child has special dietary requirements: Yes/No If yes please give details:
Disability
My child has some type of disability: Yes/No If yes please give details:
Communication
My child has communication difficulties (eg non English speaker, dyslexia etc): Yes/No If yes please give details:
Coaching and Tuition Consent
I hereby give permission for the above named child/young person to receive golf coaching and mentoring by adult coaches and volunteers of the Club (tick box) <input type="checkbox"/>
Use of Photography and Video Consent
The Club recognises the need to ensure the welfare and safety of all children and young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of children and young people to be taken without the consent of their parents or guardians. The Club will take all necessary measures to ensure these images are used solely for the purposes they are intended. I consent to Club coaches and volunteers taking photographs or recording video images of the above named child/young person for the purposes of golf coaching and associated activities (tick box). <input type="checkbox"/>
Transport Consent
There may be occasions where junior players of the Club will travel to other golf courses to take part in competitions or tournaments. Where a parent is unable to attend or transport their own child to these events, volunteers from the Club may be able to provide transport in their own private or hired vehicles. When 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 I hereby give my permission for the above named child/young person to be transported to external golf competitions and other golf related events by adult coaching staff and/or volunteers of the Club (tick box) <input type="checkbox"/>
I hereby confirm that the information provided is correct and that I shall <u>notify the Club immediately of any changes.</u>
Name of Parent/Guardian:
Signature:
Date: