



Junior Profile and Parental Consent Forms

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.

In compliance with the Data Protection Act 2018 and GDPR Regulations, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation.

Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of England Golf where necessary.

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

BASIC INFORMATION		
Junior Name:		
Date of Birth:		
Address:		
Telephone Number:		
Parents' Names:		
Address:		
Email Address:		
Home Telephone No:		
Mobile Telephone No:		
Work Telephone No:		
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:	
Please confirm details of all those with Parental Responsibility for the Child:	
MEDICAL INFORMATION	
Child's Doctor's name:	
Doctor's Surgery Address:	
Telephone Number:	
Does your child experience any conditions requiring medical treatment and/or medication?	YES/ NO * Details (condition, medication etc)
Does your child have any allergies?	YES/NO * Details
Does your child have any specific dietary requirements?	YES/NO * Details
What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access?	
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 * Details
COMMUNICATION	
Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia?	YES/NO * Details

CONSENT OF PARENT/ LEGAL GUARDIAN	
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I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.	<input type="checkbox"/>
I agree to notify the Cornwall Ladies County Golf Association of any changes to this information.	<input type="checkbox"/>
I give my consent that in an emergency situation; the county may act in my place (loco parentis), if the need arises for the administration of emergency 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 an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.	<input type="checkbox"/>
The attached signature will denote that my child has my permission to attend County events.	<input type="checkbox"/>
I acknowledge that the county is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition.	<input type="checkbox"/>
I give permission for the Cornwall Ladies County Golf Association to hold the data provided relating to myself and my child/ children (such information being "Relevant Data").	<input type="checkbox"/>
I give permission for the Cornwall Ladies County Golf Association to use Relevant Data provided by me to contact me about Cornwall Ladies County Golf Association events applicable to my child/children.	<input type="checkbox"/>
I give permission for the Cornwall Ladies County Golf Association to share my name, email address, telephone numbers and address with the other officials of the Cornwall Ladies County Golf Association for the purpose of making contact on relevant Cornwall Ladies County Golf Association business.	<input type="checkbox"/>

By signing this document, I confirm that I have legal responsibility for the Junior (Child) named above, that I am entitled to give this consent and I am aware of how the information I have provided may be used.

Signed:	Print Name:	Date:

By signing this document, I confirm that I understand the content of this form, and agree to the consent being agreed.

Child Signature:	Print Name:	Date: