Consent Form for ClubGolf Junior Coaching 2016 stage 1

(Please note that applicants will be considered on a first come first served basis)

Pupils details

Name: _____

Address: _____

_____

_____

County: _____

Postcode: _____

Telephone: _____

E-mail: _____

Date of birth: _____

Age: _____

Parent / Guardian

Name: _____

Emergency Contact Number(s):_____

_____

Doctor's Name: _____

Doctor's Phone: _____

Allergies / medical conditions

Please list any allergies / medical conditions:

_____

_____

_____

Stage 1 Course details 2016

Venue: Machrihanish Golf Club

Dates: July 10th, 24th, 31st

Aug.7th, 14th, 21st, 28th

Time: 2pm – 3.30pm

Cost: £14

Do you have a disability? YES NO (circle)

Please specify _____

Ethnic Origin (please circle)

White British White Non-British

Black British Black Non-British Asian British

Chinese Mixed Asian

Other _____

Additional information (*delete as applicable)

Have you played golf before? Yes / No *

Are you Right / Left * handed?

Parental consent

I **agree to my child/children*** participating in any or all of the golf coaching sessions listed organised by

Machrihanish Golf Club

In the event of any injury or illness I also authorise the organisers to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe.

Signature _____ **Date** _____

I **consent / do not consent*** to my child's picture being used for publicity purposes (*delete as appropriate)

FOR OFFICE USE

Cheque received ☐ Receipt sent ☐ Course details sent ☐ Computer inputted ☐

CLUBGOLF PASSPORT MONITORING

firstclubgolf ☐ Stage 1 (yr 1) ☐ Stage 1 (yr 2) ☐ PASSPORT completed ☐ ☐

Data Protection: Please note that all information gathered is for the sole use of Machrihanish Golf Club and will not be passed on to any other body and will be regarded as strictly private & confidential.