

## Stage 2 and 3 Players Details and Consent form 2016

### Pupils details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

### Allergies / medical conditions

Please list any allergies / medical conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a disability? YES NO (circle)

Please specify \_\_\_\_\_

### Stage 2 and 3 2016

Venue: Machrihanish Golf Club

All coaching sessions and competitions

Ethnic Origin (please circle)

White British      White Non-British

Black British      Black Non-British      Asian British

Chinese    Mixed      Asian

Other \_\_\_\_\_

### Parent / Guardian

#### Parental consent

I agree to my child/children\* participating in any or all of the golf sessions 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