

CARLYON BAY GOLF CLUB – PARENTAL CONSENT FORM

Details

Name of Junior:

Name of Parent/ Guardian:

Address:

Post Code:

Juniors DOB:

Contact Numbers: (HOME)

(MOBILE)

Email:

Second Emergency Contact Name:

Relationship to Junior:

Contact Number:

Please provide details of any condition, allergy or medication below:

(If NONE, please state NONE)

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I **do/ do not** consent to my child receiving essential or emergency medical treatment.

I **do/ do not** consent to my child using club facility changing rooms.

I **do/ do not** consent to my child being photographed and/or videoed for the sole use on the club website, social media (such as Facebook or Twitter) and for the promotion of the golf club and junior section.

I **do/ do not** consent to Carlyon Bay Golf Club contacting me by email or toerh electronic means.

Both Parent/Guardian and Child have read and understood the Carlyon Bay Golf Club Safeguarding and Child Protection Policy and agree to abide by Club rules, policies and codes of conduct for Adults and Juniors.

Signature of Parent/ Guardian: Date:

Signature of Junior: Date:

Data Protection Act 1998 Declaration

Carlyon Bay Golf Club is subject to the provisions of the Data Protection Act 1998, and all subsequent revisions. This means that we will keep this personal information safe, and only allow authorised people, who need to know for the welfare and supervision of your child, access to it.

Please let us know of changes to the information you have provided.