

# Devon County Junior Golf Society and **TEIGNMOUTH GOLF CLUB**

Please return the completed form to **Teignmouth Golf Club**, Haldon Moor, Teignmouth, Devon, TQ14 9NY

## FORM OF ANNUAL PARENTAL CONSENT for 2008

Players Name \_\_\_\_\_

I, the undersigned give my permission for my child to play in any matches or golf event organised by the Society, the Devon County Golf Union, the Devon County Ladies Golf Association the above mentioned Club, and any other affiliated association and to be on any Golf Club Premises (Clubhouse, Course and Practice Areas). I acknowledge however with this, that neither the Society, D.C.G.U., D.C.L.G.A., nor the Club and others have responsibility for providing adult supervision for my child except for formal golf coaching and competition. I further consent to my child:

1. Playing with older children/adults in Society, County, Regional or National events
2. Subject to my prior approval (which will be deemed to have been given in the absence of contact with the official in charge) travelling in the company of an adult or adults to an event in which the Society or County is playing as a team or individually.
3. Receiving outdoor or indoor coaching or any other instruction from any Club, County, Regional or National Golf Professional
4. Receiving instruction and advice from any Society, County Officer, Club Official, Golfing Official or any other authorised Representative
5. Subject to my prior approval (upon the same understanding as in 2 above) staying away under official adult supervision and solely in connection with a golf event in which they are intending to compete or actually competing
6. Receiving such advice and instruction as may be considered to be reasonable in the circumstances from any Society, Club, County Regional or National Officer so as to protect the interests of my child whilst they are properly involved in any event organised by the Society, County or Club in part or the whole
7. Being included in any Team or Group photograph, or, being the subject of coaching and instruction by video

I also give consent to my child to be given essential medical treatment, as necessary, when a qualified medical practitioner provides or advises the treatment.

My child is in good health but I understand it is my duty to advise the Golf Club through its Secretary/Manager or Club Junior Organiser, and the Society of any medical condition or dietary requirement of which such officials should be made aware in the interests of the child. (If there are any such facts to be disclosed, please submit them in the most appropriate manner (preferably in writing) whereupon they will be retained in strict confidence between the relevant adults only).

In an emergency; I expect to be contacted through the following numbers:

Name of Parent/Guardian	
Address	
Post Code	
Telephone Contact Numbers	Home: Mobile: Work:

Existing medical condition of which officials should be aware

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name and relation to the child \_\_\_\_\_

Childs signature \_\_\_\_\_

NHS Doctor is \_\_\_\_\_

Emergency Telephone \_\_\_\_\_ Surgery \_\_\_\_\_