

Perth & Kinross Golf Union - Consent Form

PARENTAL CONSENT FORM

NAME OF JUNIOR:

GOLF CLUB:

DATE OF BIRTH:

HOME ADDRESS:

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EMERGENCY CONTACT TELEPHONE NUMBERS

WORK

HOME

Mobile

MEDICAL REQUIREMENTS/ALLERGIES ETC:

Please give details if any medication etc. including details of family doctor to be contacted if applicable below:

I(parent/guardian)

Residing at(home address)

Hereby give my consent/permission to the Perth & Kinross County Golf Union and its Executive Committee to arrange for the transportation by such means and under such supervision as they consider appropriate in the circumstances at the time, of my son whose details I have provided above, for the purposes of coaching in golf and for playing as a representative of Perth & Kinross Golf Union in golf matches/competitions

. I also acknowledge the need for adherence to the Code of Conduct laid down for Juniors by Perth & Kinross County Golf Union and the need for responsible behaviour by my son while attending such representative/coaching events.

I agree to my son receiving any emergency treatment, including anaesthetic, as considered necessary by medical authorities present should such an emergency arise

I also undertake to provide to Perth & Kinross County Golf Union updated details of the personal and medical information provided above should there be any future change in these details.

Signed Date.....