**Growing Golf Ltd in partnership with Kings Hill Golf Club**

**ANNUAL JUNIOR PLAYER APPLICATION FORM**

(Formerly Parent/Guardian Consent Form)

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

**It is the responsibility of the junior and their parent/guardian to notify the Director of Growing Golf and/or Junior Organiser if any details change at any time. Once completed and acknowledged as being received by Growing Golf, this information will be retained for the current year.**

**PLEASE PRINT IN THE BOXES PROVIDED**

|  |  |  |
| --- | --- | --- |
| Name: | |  |
| Date of Birth: | |  |
| Address: | |  |
| Telephone Number: | |  |
| Email address: | |  |
| Parents’ Name: | |  |
| Address: (if different from above) | |  |
| Home Telephone No: | |  |
| Mobile Telephone No: | |  |
| **EMERGENCY CONTACTS** | | |
| Contact Name 1: | |  |
| Relationship to child: | |  |
| Telephone No: | |  |
| Contact Name 2: | |  |
| Relationship to child: | |  |
| Telephone No: | |  |
| **MEDICAL INFORMATION** | | |
| GP Name: |  | |
| GP Surgery Address: |  | |
| Telephone number: |  | |
| **Does your child have a European Health Insurance Card? YES\* / NO**  \* If Yes please advise of the number and expiry date | | |
| **Does your child experience any condition requiring medical treatment and/or medication? YES\* / NO**  **\***If YES please give details, including medication, dose and frequency: | | |
| **Does your child have any allergies? YES\* / NO**  **\***If YES please give details: | | |
| **Does your child have any specific dietary requirements? YES\* / NO**  \*If YES please give details: | | |
| **What additional needs, if any, does your child have e.g. needs help to administer planned medication, regular snacks?** | | |
| **The Disability Discrimination Act 1995 defines a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’.**  **Do you consider your child to have a disability? YES\* / NO**  \*If YES what is the nature of the disability?  Hearing impairment: Learning disability: Multiple disabilities:  Physical disability:  Other: (Please specify) | | |
| * **I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.** * **I agree to notify Growing Golf of any changes.** * **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being parent/guardian of the above-named child, hereby give permission for Growing Golf staff to give the necessary authority on my behalf for any medical treatment recommended by competent medical authorities, where it would be contrary to my child’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.** * **The attached signature will confirm my child has my permission to be on the Kings Hill Golf Club premises.** * **I agree to my son/daughter taking part in the activities of Growing Golf.** * **I understand that Growing Golf or their appointed Professionals & volunteers accept no responsibility for loss, damage or injury caused by, or during, attendances at coaching sessions and on-course playing activities, and events except where such loss, damage or injury can be shown to result directly from the negligence of Growing Golf or their appointed Professionals.** * **I consent to the use of photographs of my son/daughter taken at Growing Golf events appearing on the affiliated websites, or for issue under strict control to known members of the golfing and local press, or for coaching and training assistance and record.**     **YES / NO (p**lease delete as necessary)  **Signed** (Parent/Guardian):  **Please Print Name:**  **Date:**  **PLEASE NOTE:**  **IT IS YOUR DUTY TO ADVISE OF ANY CHANGE IN THE INFORMATION GIVEN HERE PRIOR TO ANY GROWING GOLF COACHING SESSION OR ACTIVITY.**  **NO INFORMATION ON THIS FORM WILL BE PASSED TO A THIRD PARTY AND WILL BE DESTROYED AT THE END OF THE CURRENT YEAR.**  **(The year runs from 1st January to 31st December)** | | |