

**Neath Golf Cub**

**Junior Neath Bell – Friday 29<sup>th</sup> May 2020**

**PLAYER/PARENTAL CONSENT FORM**

Please help us safeguard your children

I..... (Parent/Guardian name) confirm that my child named below has my permission to compete in this event and to be on the premises of Neath Golf Club.

CONTACT DETAILS :-

Competitor's name (please print):

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Emergency contact name and tel.no. (on day of event) :-

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DISABILITY/MEDICAL INFORMATION

Do you consider your child to have a disability, or a medical condition? (Please tick)

Physical	
Learning Sensory	
Wheelchair user	
Prefer not to identify	
Other	

Please indicate below any health related matters or anything else we should know about, eg asthma/allergies. Any information given will be treated in the strictest of confidence. However, please be aware that this information will be passed onto the medical emergency services should the need arise:-

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Additional information (if required):-

Medical Conditions:-

Name of competitor's Doctor/GP: -

Doctor's/GP's practice tel no:-

I, ..... being the parent/guardian or the above-named child, hereby give permission for any person having responsibility for the Junior Neath Bell to give the immediately necessary authority, on my behalf for any medical, or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's/ward's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed.....Parent/Guardian Date.....

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**PHOTOGRAPHY CONSENT FORM**

**Please help us safeguard your children.**

This form is to be signed by the parent, or legal guardian of a child, under the age of 18, together with the child.

Neath Golf Club recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images, or other images of your child to be taken, or used without your consent.

Neath Golf Club will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

Neath Golf Club will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of the club.

If you become aware that these images are being used inappropriately you should inform the Golf Club's Welfare Officer immediately.

***The photographs may be available on the club website.***

I ..... (Parent/Guardian full name) consent to the photographing or videoing

of my child/ward ..... (Name of child) during this event under the photography policy of Neath Golf Club.

I confirm that I am the parent/guardian of this child.

Parent/Guardian Signature.....

Date.....

I..... (Junior full name) consent to be photographed or videoed during this event under the photography policy of Neath Golf Club.

Player Signature.....

Date.....