

**CONFIDENTIAL**

**Royal Winchester Golf Club**  
**Junior Section – Parental Consents**

Juniors Name.....Date of Birth.....

Address.....

.....

Contact tel. number [including code].....

Relationship to child.....

Alternative contact number.....

Relationship to Child.....

Royal Winchester Golf Club Junior Section operates within a Child Protection Policy, which requires all juniors and their parents or guardians to provide signed information to the Club. This information facilitates the best welfare conditions for the children and young persons and those adults who give their time to help with organisation of events, with coaching and with transport to other venues for the purposes of matches or tournaments. Until this information is available to the Club, no junior will be allowed to play or receive coaching under the auspices of the Club.

**COACHING:** I consent to my son/daughter undertaking golf activities of coaching, playing or instruction by adult coaches or volunteers at the Club as a member of the junior section of the Club.

Signed.....parent/guardian

**PHOTOGRAPHY/VIDEO:** \*I consent/do not consent to the photographing/videoing and publication of images of my \*son/daughter, and I understand that the Club will take all necessary steps to ensure that these images are used appropriately and solely for the purposes intended, namely the promotion and celebration of the activities of the Royal Winchester Golf Club/Junior Section.

Signed.....parent/guardian

**TRAVEL:** I consent/do not consent to my son/daughter being transported by individuals acting on behalf of the Club to away matches or tournaments whether or not my husband/wife and/or myself are in attendance. I understand the Club will make every effort to ensure a third party, either an adult or child, is present whenever practicable.

Signed.....parent/guardian

MEDICAL: My son/ daughter is, to the best of my knowledge, fit and well.

My son/daughter has the following medical condition

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Medical information regarding my son/daughter of which I consider you should be aware.

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My son/daughter takes the following prescribed drugs and/or pharmaceutical products.

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In the event my son/daughter becoming ill or suffering injury whilst playing golf or when travelling I am happy for the Club to treat or arrange medical care as necessary, should I not be immediately contactable. Young persons over the age of 16 years have a right to decide for themselves what action should be taken. In either case I understand the Club will inform me as soon as possible of any action taken in respect of my son or daughter in such circumstances.

Signed ..... (Parent/guardian)

Dated.....

I have read the form and understand the contents:

Signed ..... (Junior)

Dated.....

David Ellery  
RWGC Junior Organiser  
27/11/2007