HILTON PARK GOLF CLUB

PARENTAL/GUARDIAN CONSENT FORM

NAME OF CHILD:	
Date of Birth:	
Mobile Telephone No. (if applicable):	
E-mail address (if applicable):	
Address:	

NAME OF PARENT/GUARDIAN # 1:	
Relationship to child:	
Mobile Telephone No:	
Home Telephone No:	
Work Telephone No:	
E-mail address:	
Address (if different from above):	

NAME OF PARENT/GUARDIAN # 2:	
Relationship to child:	
Mobile Telephone No:	
Home Telephone No:	
Work Telephone No:	
E-mail address:	
Address (if different from above):	

MEDICAL INFORMATION & CONSENT	
Registered GP/Medical Practice:	
Telephone No:	
Surgery Address:	

Does your child have any relevant medical conditions? (e.g. asthma, diabetes, epilepsy, allergies)	**YES / NO**
If YES, please give details, including medication, dose & frequency:	

I confirm that I am the parent/legal guardian of the above named junior and consent to my child receiving any medical treatment deemed necessary by a qualified medical practitioner in the event of illness or injury.

Signed: .....

PERMISSIONS *(please choose an option in each section)*

ATTENDANCE AT EVENTS	
I consent to my child attending coaching sessions, competitions and events organised by Hilton Park Golf Club.	**YES / NO**

TRAVEL ARRANGEMENTS	
In accordance with Scottish Golf safeguarding guidance, transport will be organised safely and appropriately. I consent to my child travelling to and from organised events in transport arranged by Hilton Park Golf Club or with Club Members acting on behalf of the Club.	**YES / NO**

PHOTOGRAPHY, VIDEO & MEDIA	
Photographs and/or video recordings may be taken during coaching sessions, competitions and events for legitimate Club and County purposes, in line with Scottish Golf safeguarding and data protection policies. I consent to photographs and/or video recordings of my child being used for: • Club and County publications • Display within the Club • Official Club or County websites and social media channels	**YES / NO**

SAFEGUARDING STATEMENT
Hilton Park Golf Club is committed to safeguarding the wellbeing of children and young people and operates in accordance with Scottish Golf Child Wellbeing & Protection Policies. All reasonable steps will be taken to ensure that junior participate in golf in a safe, positive and respectful environment.

DECLARATION
I confirm that I am the parent/legal guardian of the above named junior, that the information provided is accurate, and that I understand and agree to the permissions selected above.

Signed (Parent/Guardian): .....

Print Name: .....

Date: .....