



**DEVON COUNTY GOLF UNION
DEVON COUNTY JUNIOR GOLF SOCIETY &
DEVON COUNTY LADIES GOLF ASSOCIATION
AND _____ GOLF CLUB**

FORM OF ANNUAL PARENTAL CONSENT - 2011

I, the undersigned give my permission for my child to play in any match or golf event organised by the above, and any other affiliated association and to be on any Golf Club Premises (Clubhouse, Course and Practice Areas). I acknowledge however with this, that neither the Society nor the DCGU, nor the DCLGA, nor the Club and others have responsibility for providing adult supervision for my child except for formal golf coaching and competition. I also acknowledge that it is my responsibility to ensure that my Child has adequate protective clothing and if necessary a change of clothing, sunscreen creams, and any necessary refreshment for their activities on or off the golf course. I further consent to my child:

- 1) Playing with older children/adults in Society, County, Regional or National events
- 2) Subject to my prior approval (which will be deemed to have been given in the absence of contact with the official in charge) travelling in the company of an adult or adults to an event in which the Society or County is playing as a team or individually
- 3) Receiving outdoor or indoor coaching or any other instruction from any Club, County, Regional or National Golf Professional
- 4) Receiving instruction and advice from any Society, County Officer, Club Official, Golfing Official or any other authorised Representative
- 5) Subject to my prior approval (upon the same understanding as in 2 above) staying away under official adult supervision and solely in connection with a golf event in which they are intending to compete or actually competing
- 6) Receiving such advice and instruction as may be considered to be reasonable in the circumstances from any Society, Club, County Regional or National Officer so as to protect the interests of my child whilst they are properly involved in any event organised by the Society, County or Club in part or the whole
- 7) Being included in any Team or Group photograph, being photographed whilst actually playing by an official photographer who has the permission of the organisers or, being the subject of coaching and instruction by video

I also give consent to my child to be given essential medical treatment, as necessary, when a qualified medical practitioner provides or advises the treatment.

My child is in good health but I understand it is my duty to advise the Golf Club through its Secretary/Manager or Club Junior Organiser, and the Society of any medical condition or dietary requirement of which such officials should be made aware in the interests of the child. (If there are any such facts to be disclosed, please submit them in the most appropriate manner (preferably in writing) whereupon they will be retained in strict confidence between the relevant adults only).



DEVON COUNTY GOLF UNION, DEVON COUNTY JUNIOR GOLF
SOCIETY AND DEVON COUNTY LADIES GOLF ASSOCIATION
AND _____ GOLF CLUB

FORM OF ANNUAL PARENTAL CONSENT - 2011

Player's Name	
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Name of Parent/Guardian	
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Address	
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Post Code	
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Telephone	Home	Mobile	Work
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Emergency Tel No	
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Existing medical condition of which officials should be aware:

Child's Signature	
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Age	
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Date of Birth	
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NHS Doctor	
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Telephone	
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Surgery	
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Declaration of Consent

Signed (by Parent or Guardian)	
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Date	
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Relationship to the child	
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Return completed form to either your Club Secretary, Club Junior Organiser or the DCJGS Secretary as appropriate. Photo copies of the original are acceptable.

In the event of any change of the above information, particularly the emergency telephone number, please notify your Club Secretary/Junior Organiser or the Society's Secretary Tony Gatland tel. 01271 323132 and/or the appropriate DCJGS/DCGU Team Manager immediately.