



JUNIOR PROFILE AND PARENTAL CONSENT FORM - 2023

SEASON

(Note: To prevent your having to complete a separate form for each event, the CUGC will accept this Junior Profile and Parental Consent Form for the Season 2023)*

CUGC SAFEGUARDING CHILDREN & YOUNG PEOPLE POLICY and PROCEDURES

PLAYERS NAME Exact as in Passport		HOME CLUB	
HOME ADDRESS		HANDICAP INDEX	
		HOME TELEPHONE	
		MOBILE TELEPHONE	
		DATE OF BIRTH	
E-MAIL ADDRESS - Please take care to enter your address clearly and accurately including any case sensitive details-			
DOCTORS NAME		DOCTORS TELEPHONE	
DOCTORS ADDRESS		ALLERGIES	Please enter all relevant details in the space provided below.
		MEDICATION	
		HAVE YOU HAD A TETANUS INJECTION INDICATE DATE	
<p>Please enter below any specific medical/dietary or general additional information of which we should be aware, or may reasonably require in the event of any difficulty arising. <u>Disability</u> - The Equality Act 2010 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'. Please state if you consider your child to have a disability and the nature of that disability.</p> <p>if there is insufficient space here, please continue on the reverse of this form.</p>			
NAME OF PARENT OR GUARDIAN OR THOSE WITH PARENTAL RESPONSIBILITY		ALT. TELEPHONE	
		MOBILE TELEPHONE	
		E-MAIL ADDRESS	
NAME OF ALTERNATIVE CONTACT		TELEPHONE	
		MOBILE TELEPHONE	
		E-MAIL ADDRESS	

Our signatures below, confirm that all relevant information reasonably required has been provided and that we have seen or received a copy and understood the requirements of the CUGC SAFEGUARDING CHILDREN & YOUNG PEOPLE POLICY and PROCEDURES, including the Declaration given at Appendix 4. We therefore consent to participation in events organised by the CUGC As Parent/Guardian of the Player named above, I also grant permission for a CUGC Duty Official to give the authority on my behalf, for any immediate necessary medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the Doctors opinion, for any delay to be incurred by seeking my personal consent.

Parent/Guardian/

Player : _____ Parental Date : Responsibility:

Please return this Form without delay to The County Secretary, County Office, Chester Golf Club, Curzon Park North, Chester, CH4 8AR

* In the event of any changes arising in the information contained within this Form, please notify The County

Secretary immediately on Telephone 01244 678004 or by E-Mail to secretary@cheshiregolf.org.uk