



Bishop Auckland Golf Club

Land of the Prince Bishops

Junior Profile Form 2017

This form must be completed annually by all parents/carers before their child takes part in any activity organised by **Bishop Auckland Golf Club**. Without this form, juniors may not be accepted onto coaching programmes, play in competitions or have the opportunity to represent the club in competitions. Completed forms should be given to either the Club Professional or the Junior Liaison Officer

This form has been completed under the guidance of the Children in Golf resource pack.

Junior's Name: _____ D.O.B: _____

Address: _____

Post Code: _____

Telephone No (home) _____ (mobile) _____

Parent/Guardian Name: _____

Mobile No: (1) _____ (2) _____

E-mail address _____

Emergency Contact Details

1. Name: _____ Tel No (1) _____
Relationship: _____ Tel No (2) _____

2. Name: _____ Tel No (1) _____
Relationship: _____ Tel No (2) _____

Medical Information

GP Name & Address: _____

Tel No: _____

1. Does your child suffer with any medical conditions? Yes/No if yes, please list:

a. _____

b. _____

c. _____

2. Does your child currently take any form of medication? Yes/No if yes, please list:

a. _____

b. _____

c. _____

3. Does your child suffer with any allergies? Yes/No if yes, please list:

a. _____

b. _____

c. _____

Are there any dietary requirements which we should be made aware of? Yes/No if yes, please state:

Disabilities

The Disability Discrimination Act 1995 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’

Do you consider your son/daughter to have a disability? *Yes No

*If yes what is the nature of your disability?

- Visual impairment Hearing impairment Physical disability Learning disability
 Multiple disabilities
 Other (Please specify):

- I confirm that my child does not suffer with any medical conditions other than those stated above
- I agree to notify the club of any change in medical information or allergies
- I being parent/guardian of the above named child, hereby give permission for the **Bishop Auckland Golf Club** responsible person 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 son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my consent.

Print Name: _____ Sign: _____ Date: _____

I consent to:

- My child to have access to and use of the clubs changing facilities **Y/N**
- Use of photography by an authorised person or club personnel **Y/N**
- Use of video imagery to provide development for their game of golf **Y/N**
- Passing my child's personal details onto relevant club/county officials whereby their development is being considered **Y/N**

Print Name: _____ Sign: _____ Date: _____

I confirm that both myself and my child have read and understood the:

- **Bishop Auckland Golf Club** Adult Code of Conduct
- **Bishop Auckland Golf Club** Junior Code of Conduct
- **Bishop Auckland Golf Club** Child Protection Policy

and have been issued with a copy of the Junior Handbook (where appropriate)

Print Name: _____ Sign: _____ Date: _____

(These documents are available on the website and Junior Notice Board. If you would like a printed copy, please approach the secretary)