

Bath Golf Club Junior Personal Profile



Bath Golf Club
FOUNDED 1880

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential. It is the responsibility of the junior and their parent to notify the Junior Organiser or Secretary if any of the details change at any time.

Name			
Address			
Date of birth			
Phone No		Email	

Parents names		
Address if different		
Home phone no		
Mobile no		
Email		

Emergency Contacts

Contact 1	
Relationship to child	
Home telephone no	
Work telephone no	
Mobile no	

Contact 2	
Relationship to child	
Home telephone no	
Work telephone no	
Mobile no	

Medical Information

Childs GP	
GP address	
GP phone number	

1. Does your child experience any conditions requiring medical treatment and/or medication?

Yes No

If yes please give details, including medication, dose and frequency.

2. Does your child have any allergies?

Yes No If yes please give details

3. Does your child have any specific dietary requirements?

Yes No If yes please give details.

Disability

4. 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'.

Do you consider your child to have a disability? *Yes No

*If yes what is the nature of the disability?

Hearing impairment

Learning disability

Multiple disabilities

Physical disability

Other (Please specify)

5. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.

I agree to notify the club of any changes.

I,, being parent/guardian of the above named child, hereby give permission for the 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

The attached signature will denote that my child has my permission to be on the golf club's premises and on the course.
(Please tick the box if agreed)

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior golf coaching.
(Please tick the box if agreed)

I also agree to my child being transported by club representatives to and from venues when he/she is representing the golf club.
(Please tick the box if agreed)

Signed: Parent/Guardian

Print name:

Date: