**Dale Hill Golf Club**

**JUNIOR Golf Open**

**Parental Consent Form**

**Child**

Name of Child…………………………………………………………………………………………………………………………….

Address……………………………………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………………………………….

Date of Birth………………………………………………………..Telephone no………………………………………………

**Parent/Guardian details**

Name……………………………………………………………………………………………………………………………………….

Address (if different from above)…………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………..

Telephone no. home………………………………work…………………………mobile………………………………….

**Emergency Contacts in addition to parents (Please make sure these persons know they have been named)**

**Contact One**

Name………………………………………………….Relationship to child…………………………………………………..

Emergency contact telephone numbers………………………………………………………………………………….

**Contact Two**

Name………………………………………………….Relationship to child…………………………………………………

Emergency contact numbers…………………………………………………………………………………………………

**Doctors Information**

Doctors name…………………………………………………………………………………….Tel no…………………………

Doctors Surgery address………………………………………………………………………………………………………..

In caring for the best interest of your child, it is important that Dale Hill knows whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

**Does your child have any conditions requiring medical treatment/medication? Please provide details below**

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**Does your child have any allergies? Please provide details below**

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**Does your child have any specific dietary requirements? Please provide details below**

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**Does your child have any other special requirements? Please provide details below**

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**Please sign confirming the following statements:-**

**My child is in good health and I consent to him/her participating in this event**

**I confirm my child does not suffer with any medical condition other than those stated above**

**I agree to notify Dale Hill of any change in medical information or allergies**

**I consent to my child receiving essential medical treatment as necessary as recommended by a competent medical practitioner**

**I consent to my child being photographed for possible inclusion to any Dale Hill and Sussex Golf Union websites and inclusion in any press or publicity articles directly arising from his/her participation in the Dale Hill Junior Open Event. To comply with Child Protection Law please tick the box**

**Print name………………………………………………….Sign……………………………………………..Date………………**