



**MIDLAND NORTH REGION
COUNTY MATCH WEEK 2021**

Junior (U18) Parental Consent Form

The safety and welfare of juniors at our County Match Week is paramount. It is important that we have record of the contact details below and of any illness, medical condition and other relevant health details relating to the junior so that their best interests are addressed.

By completing this form you are consenting to Leicestershire & Rutland Ladies County Golf Association (L&RLCGA) storing the personal and sensitive data of the junior and parent for the purpose of safeguarding the health and safety of the junior. This information will be stored securely, kept confidential and stored only for so long as is necessary for these purposes. You have the right to request that this data is deleted at any time.

It is the responsibility of the Junior and their parent to notify L&RLCGA if any of the details change at any time.

PERSONAL AND CONTACT DETAILS

Junior name	
Date of birth	
Address	
Telephone number	

Parent/Guardian name	
Address (if different to Junior's)	
	Postcode:
Home telephone number	
Mobile telephone number	
Work telephone number	

Emergency contact name (If different to Parent/Guardian)	
Relationship to junior	
Home telephone number	
Mobile telephone number	
Work telephone number	

MEDICAL INFORMATION

Doctor's name	
Doctor's surgery address	
Telephone number	

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

Yes No If yes, please detail below (medication, dose, frequency).

Does your child have any allergies?

Yes No If yes, please give details below.

Does your child have any specific dietary requirements?

Yes No If yes, please give details below.

Please detail below any additional needs your child has e.g. help to administer planned medication, assistance with lifting or access, regular snacks

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?

Does your child have any communication needs e.g. non-English speaker, hearing impairment, sign language user, dyslexia?

Yes

No

If yes, please tell us what we need to do to enable them to communicate with us fully.

Declarations and agreements

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 L&RLCGA of any changes to the above information.

I,, being Parent/Guardian of the above named child, hereby give permission for the L&RLCGA and/or their own County Association responsible person to give the immediate 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.

I understand that due to limited changing room space it will be necessary for adults and children to share the facilities.

Signed Parent/Guardian

.....

Print name

.....

Date

.....

Transport consent

I give my consent for L&RLCGA and/or their own County Association County Officials and designated helpers to transport your child in their cars should it be necessary for medical or safeguarding/welfare purposes.

Signed Parent/Guardian

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Print name

.....

Date

.....

Photography consent

Photographs and/or video will be taken at MNR County Match Week 2021. These images will be used to publicise and share information about the event. They may be used in press releases, printed publicity, published on the L&RLCGA website or other social media channels e.g. Twitter. To promote women's golf we may also share these images with our event sponsors and/or other appropriate individuals/organisations with non-profit purpose e.g. England Golf.

I give my consent for photographs and/or videos of my child to be taken during MNR County Match Week and for them to be stored and used by Leicestershire & Rutland Ladies County Golf Association for the

purposes described above. I understand that photographs may be retained permanently as an archive of county golf history.

Signed Parent/Guardian _____

Print name _____

Date _____

This form must be completed for each Junior player and then emailed to Caroline Simpson Tournament Administrator by the 14th June 2021. Email: secretary.lrlcga@gmail.com