

LEICESTERSHIRE & RUTLAND LADIES' COUNTY GOLF ASSOCIATION



**Transportation Policy
(Use of buggies)
CONSENT FORM**

To be completed by the player:

Name: _____

Address: _____

Email address: _____

Telephone no: _____

Date of application: _____

I request the use of a golf buggy during the following event:

Competition: _____

Date of competition: _____

I am requesting use of a buggy for the following reason(s): (Please state medical diagnosis and information on condition):

Details of condition:

Please attach a valid medical certificate which should include the information shown on the attached Example Medical Certificate.

Signed _____ Date _____ Phone No. _____

EXAMPLE MEDICAL CERTIFICATE

To be completed by the player's medical representative:

Please can you complete the following in order to give us your opinion as to why the named player needs to use transportation (a golf buggy) to play golf?

Name:

Principal diagnosis:

Symptoms experienced by player:

Likely duration of condition:

I, Dr (Name) _____

_____ of Address / practice stamp _____

certify that I have assessed the above named person, and that I am of the opinion that the player has the above named disability, within the meaning of section 6 of the Equality Act 2010.

Signed _____

Date _____

Phone No. _____

Please note any expense incurred for completion of this form by a doctor is the responsibility of the player.

This Medical Certificate constitutes a medical confirmation of disability and is to be read in conjunction with the L&RLCGA Transportation Policy. The information provided may be reviewed by L&RLCGA's Committee to assess the validity of the request.

This Medical Certificate is only valid for the duration of the L&RLCGA event for which a request is made, unless otherwise agreed by L&RLCGA's Executive Committee.