

MID WALES COUNTY GOLF ASSOCIATION

MID WALES GIRLS' CHAMPIONSHIP 2021

PLAYER/PARENTAL CONSENT FORM

Please help us safeguard your children.

I..... (Parent/Guardian name) confirm that my child named below has my permission to compete in this event and to be on the premises of Aberdovey Golf Club.

Signed Date

CONTACT DETAILS

COMPETITOR'S NAME (PLEASE PRINT): HOME ADDRESS	EMERGENCY CONTACT NAME AND TEL.NO. (ON DAY OF EVENT)
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DISABILITY/MEDICAL INFORMATION

Do you consider your child to have a disability or a medical condition? (Please tick)

Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Sensory	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Prefer not to identify	<input type="checkbox"/>	Other*	<input type="checkbox"/>
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Additional details and/or support needs if required*

Please indicate below any health related matters or anything else we should know about, **eg** asthma/allergies. Any information given will be treated in the strictest of confidence. However, please be aware that this information will be passed onto the medical emergency services should the need arise.

MEDICAL CONDITIONS

PLAYER/PARENTAL CONSENT FORM (CONT)

DISABILITY/MEDICAL INFORMATION (CONT)

NAME OF COMPETITOR'S DOCTOR/GP: (please print)	DOCTOR'S/GP'S PRACTICE TEL NO:
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I, being the parent/guardian or the above-named child, hereby give permission for any person having responsibility for the Mid Wales Girls' Championship 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/ward's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed.....Parent/Guardian

Date.....

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PHOTOGRAPHY CONSENT

An official photographer may be taking pictures or video images of entrants during the event. Any such photographs or video images will be taken and used in a manner consistent with the MWCGA photography policy that recognizes the need to ensure the safety and well-being of all young people in golf.

PARENT

I (Parent/Guardian full name) consent to the photographing or videoing of my child/ward (Name of child) during this event under the photography policy of MWCGA.

I confirm that I am the parent/guardian of this child.

Parent/Guardian Signature..... Date.....

PLAYER

I (Junior full name) consent to be photographed or videoed during this event under the photography policy of the MWCGA.

Player Signature..... Date.....

PRIVACY NOTICE

Mid Wales County Golf Association uses the above information to enable it to fulfil its safeguarding responsibilities. Relevant information will be passed to the medical emergency services should the need arise.

All of the information will be retained until the end of the season to which it relates and the photography consent relating to this event will then be retained indefinitely.

Information relating to parent/guardian

Signed **Parent/Guardian** Date

Information Relating to Player*

Signed **Player** Date.....

*if the player is under 16 this section must be signed by the parent/guardian on behalf of the player.