



Junior Player Profile Form

Buckinghamshire County Ladies Golf Association
(BCLGA)



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.

Child

Name	
Date of Birth	
Address	
Home Telephone	

Parents/Guardians

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address (If different to above)		
Home Telephone		
Mobile Telephone		
Work Telephone		
Email Address		

Other Emergency Contacts

	Other Contact 1	Other Contact 2
Name		
Relationship to Child		
Home Telephone		
Mobile Telephone		
Work Telephone		



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Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone 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.

4. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

5. 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 her to communicate with us.



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Disability

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):

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 BCLGA of any changes.

I,, being parent/guardian of the above named child, hereby give permission for the BCLGA 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. (Please tick the box if agreed)
- I acknowledge that BCLGA is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition. (Please tick the box if agreed)
- I also agree to my child being transported by BCLGA representatives to and from venues when she is representing BCLGA. (Please tick the box if agreed)

Signed – Parent/Guardian	
Print name	
Date	



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Photography

BCLGA recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent.

BCLGA will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

BCLGA will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of BCLGA.

If you become aware that these images are being used inappropriately you should inform the Golf Welfare Officer immediately.

The photographs may be available on the BCLGA website www.bclga.org.uk.

If at any time either the parent/ guardian or the child wishes the data to be removed from the website, 7 days' notice must be given to the Golf Welfare Officer after which the data will be removed.

I,(name of parent/guardian) consent to BCLGA photographing or videoing
.....(name of child) under the stated rules and conditions, and I confirm I have
legal parental responsibility for this child and I am entitled to give consent.

Signed – Parent/Guardian	
Date	

I,(name of child) consent to BCLGA photographing or videoing my
involvement in golf under the stated conditions.

Signed – Child	
Date	