

Nottinghamshire Union of Golf Clubs

PARENTAL CONSENT & PHOTOGRAPHY CONSENT FORM

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.

In compliance with the Data Protection Act 2018, GDPR and all relevant data protection legislation, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of England Golf where necessary.

It is the responsibility of the junior and their parent to notify the County Welfare Officer or Secretary if any of the details change at any time.

Junior Name	
Date of Birth	
Address	
Telephone Number	
Parents' Names	
Address	(If different)

Home Telephone No			
Mobile Telephone No			
Work Telephone No			
Emergency Contacts		l	
Contact 1 Name			
Relationship to child			
Home Telephone Numbe	r		
Mobile Telephone Numbe	er		
Work Telephone Number			
Contact 2 Name			
Relationship to child			
Home Telephone Numbe	r		
Mobile Telephone Numbe	er		
Work Telephone Number			

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Medical Information

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

Does your child experience any conditions requiring medical treatment and/or medication? **YES** \square **NO** \square

*If yes please give details, including medication, dose and frequency.

Does your child have any allergies? YES \Box NO \Box

*If yes please give details.

Does your child have any specific dietary requirements? **YES** \Box **NO** \Box

*If yes please give details.

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

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 \Box NO \Box

*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? If yes, please tell us what we need to do to enable him/her them to communicate with us fully.

Consent from Parent/Legal Carer:

- 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 the County of any changes to this information.
- I give my consent that in an emergency situation, the county may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.
- The attached signature will denote that my child has my permission to be on the premises where county activities are taking place.
- I acknowledge that the county is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, matches or competition.
- I agree to my child being transported by county representatives to and from venues when he/she is representing the county.

(Please tick the boxes if agreed)

By signing this document I confirm that I have legal responsibility for
; I am entitled to give this consent and I am
aware of how the information I have provided may be used.

Signed – Parent/Carer	
Print name	
Date	

Photography Consent

This form is to be signed by the legal carer of a child under the age of 18, together with the child. Please note that if you have more than one child registered you will need to complete separate forms for each.

Nottinghamshire Union of Golf Clubs 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 (except where some incidental inclusion may not be possible to avoid) or used without your consent.

Nottinghamshire Union of Golf Clubs will ensure that any image of a child where consent has not been obtained will not be published.

Nottinghamshire Union of Golf Clubs will follow the guidance for the use of images of children as detailed within the Safeguarding Children and Young Peoples Policy.

Nottinghamshire Union of Golf Clubs 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 the county.

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

The photographs may be available on the website <u>http://www.nottsgolfunion.com</u> for the golf seasons 2021 onwards. If at any time either the parent/carer or the

child wishes the data to be removed from the website, 7 days notice must be given to the County Welfare Officer after which the data will be removed.

To be completed by parent/carer

I ______(Parent full name) consent to Nottinghamshire Union of Golf Clubs photographing or videoing

_____ (name of child) under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

Signature _____ Date _____

To be completed by child

I ______ (Child full name) consent to Nottinghamshire Union of Golf Clubs photographing or videoing me under the stated rules and conditions.

Signature	Date