

# Taymouth Castle Golf Club

## Junior Golf Coaching - Registration Form



Taymouth Castle Golf Club's Child and Adult Protection Policy requires the parents, guardians or legal carers of all children wishing to enrol in the Club's Junior Golf Coaching Programme to register the details of the child with the Club. We therefore request that you complete both sides of this form to register your child.

<b>Child's First Name:</b>	<b>Child's Surname:</b>	
<b>Child's Nickname (if any):</b>	<b>Boy / Girl</b> <i>please delete as appropriate</i>	<b>Child's Date of Birth:</b>
<b>Address:</b>		
<b>Parent/Guardian/Carer's Name:</b>	<b>Relationship to Child:</b>	
<b>Parent/Guardian/Carer's Contact Details:</b>	<b>Day Telephone No:</b>	
	<b>Evening Telephone No:</b>	
<b>Has the Child received any previous golf coaching? Yes No</b> <b>If Yes, please provide details</b>		
<b>Is the Child a Member of any Golf Club? Yes No</b> <b>If Yes, which Club?</b>		

<b>For TCGC use</b>	<b>Fee Paid:</b>	
	<b>Start Date:</b>	

## Consent to Medical Treatment

The following information and consent is requested to ensure the health and well being of all children participating in Taymouth Castle Golf Club activities. The information contained in this form is confidential and will only be used to safeguard and promote the Child's health and well being should the need arise.

<b>Name of Doctor:</b>	<b>Telephone No. of Doctor:</b>
<b>Address of Doctor:</b>	
<b>Please provide details of any pre-existing medical conditions that may affect the Child's participation in the activity/event/programme:</b>	
<b>Details of any medication or treatment required:</b>	
<b>Details of any existing injuries (include when injury occurred and the treatment received):</b>	
<b>Details of any allergies, including allergies to medication:</b>	

## Consent of Parent/Guardian/Legal Carer

I ..... consent to .....  
*[insert name of parent/guardian/legal carer]* *[insert name of child]*

receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary. I undertake to inform Taymouth Castle Golf Club should any of the information contained in this form change.

Signature: ..... Print Name: .....

Relationship to Child:..... Date: .....