

**CARMARTHENSHIRE & PEMBROKESHIRE**  
**LADIES COUNTY GOLF ASSOCIATION**



**Appendix 10**  
**Junior Profile and Parental Consent Forms**

**Please help us safeguard your children\***  
**(\*any young person under 18 years of age)**

I ..... (Parent/Guardian name) confirm that my child named below has my permission to be on **C&PLCGA** golf clubs' premises.

Signed .....

Date.....

**CONTACT DETAILS**

<p><b>GIRL'S NAME:</b> (Please Print) .....</p> <p><b>HOME ADDRESS:</b> ..... ..... .....</p> <p><b>GIRL'S D.O.B.-</b></p>	<p style="text-align: center;"><b>EMERGENCY CONTACT NUMBER(S)</b> (on day of event)</p> <p>(1) .....</p> <p>(2) .....</p> <p><b>PARENTS' EMAIL:</b></p>
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**DISABILITY/MEDICAL INFORMATION**

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

Yes  No  Prefer not to identify

Physical	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Other *	<input type="checkbox"/>
Sensory	<input type="checkbox"/>		

Additional details and/or support needs if required\*

Please indicate below any health related matters relating to your child that we should know about e.g. asthma/allergies. Any information given will be treated in the strictest of confidence however, please be aware that this information will be passed on to the Medical emergency services should the need arise.

**MEDICAL CONDITIONS**

DOCTOR'S NAME.....

SURGERY TELEPHONE NUMBER.....

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I,  
....., being parent/guardian of the above named child, hereby give permission for **C&PLCGA** 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/ward's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed ..... Parent/Guardian      Date .....

**PHOTOGRAPHY CONSENT (Appendix 11)**

The **C&PLCGA** has in place a photography policy that recognises the need to ensure the safety and well-being of all young people in golf.

A **C&PLCGA** official photographer may be taking pictures or video images of entrants during the event. Any such photographs or video images may be used for the promotion of the game of golf and county /or club events, or the celebration of the player's achievements.

To the extent that it is consistent with these purposes and compliance with **C&PLCGA** photographic policy (**Appendix 16**), is agreed they may be published on the county & club's web-site and social media platforms, made available to media organisations and other interested parties and used on promotional materials intended for general distribution.

I ..... (Parent/Guardian full name) consent to the county & club photographing or videoing

..... (Name of child) under its photography policy. I confirm that I am the parent/guardian of this child.

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

I..... (Junior full name) consent to the county & club photographing or videoing me under its photography policy.

Player Signature.....      Date.....

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**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 golf club's premises.

• 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.
<b>Signed – Parent/Carer</b>
<b>Print name</b>
<b>Date</b>