



Royal Jersey Golf Club – Grouville – Jersey – JE3 9BD
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Contact – Darren Attwood

ROYAL JERSEY GOLF CLUB (“The Club”)
2015 PARENTAL 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.

Please complete this form with our assurance that all information will be treated in the strictest confidence. Please notify me of any changes to the details.

Player’s Name:..... Date of Birth:.....

Home Address:.....

..... Post Code:.....

Telephone Number:..... Email:.....

Parent/Emergency Contact 1 details

Parent/Contact Name:.....

Address (if different from above):.....

..... Post Code:.....

Home Number:..... Mobile Number:.....

Emergency Contact 2 details

Name:..... Relationship to child.....

Home Number:..... Mobile Number:.....



Medical Conditions/Illnesses

In caring for the best interests of your child, it is important for the Club to be aware if your child suffers from any medical condition or illness, or whether he/she is currently receiving any medication or treatment.

Does your child experience any conditions requiring medical treatment and/or medication? Yes/No

If yes, please give details below.

Does your child have any allergies? Yes/No

If yes, please give details below.

Does your child have any specific dietary requirements? Yes/No

If yes, please give details below.



Child's GP/Medical Practitioner Details

Name:.....

Address:.....

..... Post Code:.....

Telephone Number:.....

- I consent to my child receiving essential medical treatment, as necessary, when a qualified Medical Practitioner prescribes the treatment.
- I confirm to the best of my knowledge that my child does not suffer from any medical conditions other than detailed above.
- I agree to notify the Club of any changes.

Signed – Parent or Guardian:.....

Print name:.....

Date:.....

General Consents/Approvals

- I give permission for my child to be on the Golf Club's premises.
- I acknowledge that the Club is not responsible for providing adult supervision for my child except formal junior golf coaching, matches or competitions.
- I agree to my child participating in Club events/matches away from the Island of Jersey and being transported to and from venues by a Club representative when participating in the said matches or events.

Signed – Parent or Guardian.....

Print Name:.....

Date:.....