

Name:
Address:
Home Tel No:
Parent/Guardian Names:
Mother mobile No:
Father mobile No:
Doctor Name & Tel No:
1 <sup>st</sup> contact:
2 <sup>nd</sup> contact:
Additional contact:
<b>Medical Conditions:</b>
<b>Medication not to use:</b>
<b>Disability:</b>
<b>Dietary Needs:</b>
Permission for medical treatment by OLCGA responsible person if unable to contact named people
Date of Birth:
Photo Permission:
It is the parent/Guardian's responsibility to notify OLCGA CJO of any changes
Parent/Guardian Signature:
Updated:



**OXFORDSHIRE LADIES' COUNTY**

**GOLF ASSOCIATION**

Junior Player Profile Form (Under 18)

Player's Signature -----

Please keep this in your golf bag. You will need it for any competitions you enter, along with your handicap certificate, if you have one.