

OXFORDSHIRE LADIES' COUNTY GOLF ASSOCIATION

JUNIOR PLAYER PROFILE FORM (UNDER 18) (INCLUDING PERMISSION FOR THE USE OF PHOTOGRAPHS & RECORDED IMAGES)

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 in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the Junior and their parent/guardian to notify the County Junior Organiser if any of the details change at any time.

NAME OF JUNIOR:		
Date of Birth:		
Address:		
Postcode:		
Telephone No: (Home and Mobile if available)		
Email Address:		
Golf Club (if a member):		
CDH No. (if applicable):		
Parents' Names:	Mother:	Father:
Address: (if different to above)		
Home Telephone No:		
Mobile Telephone No:		
Work Telephone No:		
Email Address:		
EMERGENCY CONTACTS		
	Contact 1	Contact 2
Name:		
Relationship to Child:		
Home Telephone No:		
Mobile Telephone No:		
Work Telephone No:		



MEDICAL INFORMATION

Child's Doctor's Name:

Doctor's Surgery Address:

Telephone No:

Does your child experience any conditions requiring medical Treatment and/or medication?

Yes No

If YES, please give details, including medication, dose and frequency:

Does your child have any allergies?

Yes No

If YES, please give details:

Does your child have any specific dietary requirements?

Yes No

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?

The Disability Discrimination Act 1995 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 No

If YES, what is the nature of the disability?

Hearing Impairment Learning disability Multiple disabilities

Physical disability Other (please specify): _____



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 to communicate with us fully.

USE OF PHOTOGRAPHS OR RECORDED IMAGES

The Oxfordshire Ladies' County Golf Association (OLCGA) 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 or used without your consent.

OLCGA will follow the guidance for the use of images of children as detailed within the "Guidelines for Safeguarding Children in Golf" issued by the Children in Golf Strategy Group.

OLCGA will take steps to ensure that these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the Association. This may include (but is not limited to):

- Publication in local newspapers, OLCGA or England Golf's newsletters, golfing magazines (e.g., Women and Golf, Lady Golfer);
- Television publicity;
- Posting in public places (e.g. Club notice boards);
- Publication on the OLCGA website (www.olcga.org.uk).

**IF YOU BECOME AWARE THAT THESE IMAGES ARE BEING USED INAPPROPRIATELY,
YOU SHOULD INFORM THE COUNTY WELFARE OFFICER IMMEDIATELY**

If at any time either the parent/guardian or the child wishes any images that may be made available on the OLCGA website to be removed, seven days' notice must be given to the County Welfare Officer, after which time the data will be removed.



DECLARATIONS

TO BE COMPLETED BY PARENT/GUARDIAN

- I confirm that I am the legal parent/guardian of the above-named child and am entitled to give these consents.
- 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 Oxfordshire Ladies' County Golf Association (OLCGA) of any changes.
- Being parent/guardian of the above-named child, I hereby give permission for the OLCGA 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 interests, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- The signature below denotes that my child has permission to be on a golf club's premises for the purposes of coaching, matches and competitions.
- I acknowledge that OLCGA is not responsible for providing adult supervision for my child except for a formal junior golf coaching, matches or competition.
- I consent to OLCGA photographing or videoing my child under the state rules and conditions.

Yes

No

Signed (Parent/Guardian):

Print Name:

Date:

TO BE COMPLETED BY CHILD

I _____ (*Name of child*)

Consent to the OLCGA photographing or videoing my involvement in golf under the stated rules and conditions.

Signature: _____ **Date:** _____

