

MALDEN GOLF CLUB JUNIOR CONSENT FORM

NAME OF CHILD: _____ Date of Birth _____

Male / Female (please delete as necessary)

ADDRESS _____

_____ Postcode: _____

Parents/Guardians Names: _____

Home Telephone: _____

Mobile Telephone: _____

Work Telephone: _____

E-Mail Address: _____

Emergency Contact 1: Name: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Emergency Contact 2: Name: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Medical Information

1. Child's Doctor's name and contact details:

Name: _____ Telephone: _____

2. Does your child experience any conditions requiring medical treatment and / or medication?
YES / NO (Please delete as necessary)

If yes, please give details _____

3. Does your child have any allergies: **YES / NO (Please delete as necessary)**

If yes, please give details _____

4. Does your child have any specific dietary requirements? **YES / NO (Please delete as necessary)**

5. Please provide any further information that you feel is appropriate

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- I confirm to the best of my knowledge that my son / daughter does not suffer from any medical condition other than those detailed.
 - I agreed to notify the club should the above details need to be updated / changed and if my son / daughter should not be participating due to illness or injury.

I, _____ being parent / guardian give consent to my son /daughter taking part in the golfing activities under the auspices of Malden Golf Club and give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son / daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signed _____

PRINT NAME PLEASE _____ DATE _____