

NOTTS JUNIOR GIRLS TRACKER INFORMATION FORM 2014

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 or other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential.

Contact Information

Name		
Address		
Date of birth		
Home phone number		
Mobile phone number		
email address		
School year		
Name of school		
Are you a member of a golf club?	Yes/ No	If Yes, which club?
Do you have a handicap?	Yes / No	If Yes, what is it

Please give the name of a person we can contact in case of emergencies.

Name	
Address	
Home phone number	
Mobile phone number	
Relationship to child	

Medical Information

Child's Doctor's Name	
Doctor's Surgery Address	
Doctor's telephone number	

Does your child have any conditions requiring medical treatment and / or medication? If *YES please give details, including medication , dose and frequency:	YES* NO
Does your child have any allergies? If *YES please give details:	YES* NO

Does your child have any dietary requirements?

YES* NO

If *YES please give details:

- 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 NCLGA of any changes.
- I do / do not give permission for photographs of.....
to be taken. These may occasionally be displayed at NCLGA Council Meetings and events as well as the NCLGA website.
- I consent to providing the above information and it being held on file and computer as part of the NCLGA Junior Development Plan Tracking System.
- I consent to the above information being shared with any PGA coach who may be delivering training on behalf of NCLGA.

Signature (Parent / Guardian)

Print Name

Date

*Please return to Emma Howie, 14 Cedar Drive, Keyworth, Nottingham, NG12 5AB
Tel. 07946 748447*

Or scan a signed form to Emma Howie at emma.seton@talk21.com