



2020 Player Profile Form (Under 18)

The safety and welfare of children 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 SCGU/SCLGA if any of the details change at any time.**

Name of Player				Home Club									
Address				DOB									
				Email									
Telephone no:		Home				Mobile							
Parents' Names		Father:				Mother:							
Address (not required if same as above)						(if different)							
Telephone no:		Home				Mobile				Work			
Email address													

EMERGENCY CONTACT DETAILS (IN ADDITION TO PARENTS) Please ensure these people are aware they have been named											
Name(s)	1					Relationship to child					
	2										
Home telephone no	1			Mobile				Work			
	2										

MEDICAL INFORMATION											
Child Doctors name								Tel no.			
Doctors Surgery address											
1 Does your Child experience any conditions requiring medical treatment and/or medication?											
*Yes		No		*If yes please give details below, including medication, dose and frequency							
2 Does your Child have any allergies? *Yes No *If yes please give details below.											
3 Does your Child have any specific dietary requirements? *Yes No *If yes please give details below.											
4 What additional needs, if any does your Child have e.g. needs to administer planned medication, assistance with lifting or access, regular snacks? Please give details below.											
5 The Equality Act 2010 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 their disability			
Visual impairment		Hearing impairment		Physical disability		Learning disability		Multiple disability			
Other (please specify)											

6	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.

MEDICAL CONFIRMATIONS

- I confirm my child does not suffer with any medication condition other than stated above.
- I agree to notify Sussex Golf of any change in medical information or allergies.

I agree being parent/guardian of the above named child, to give permission for a Sussex Golf representative to give necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my Childs interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Print name: _____ Signed: _____ Date: _____

PARENTS/GUARDIANS CONSENTS AND CONFIRMATIONS.
Please sign below, and tick where appropriate, your consent and acknowledgment of the following statements:

Tick if agreed	My child can participate in all activities organised by Sussex Golf
Tick if agreed	It is my responsibility to organise the transport of my child to and from Sussex Golf activities. I acknowledge that <i>in exceptional circumstances a Sussex Golf</i> official may transport my child, under the stated conditions within this policy
Tick if agreed	I understand and consent that Sussex Golf personnel have a common law duty of care and, in the absence of my presence, will assume responsibility as any reasonably prudent parent would.
Tick if agreed	My child can have use of the venue changing facilities. IF NOT TICKED. I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO ENSURE MY CHILD KNOWS NOT TO USE THE CHANGING FACILITIES.
Tick if agreed	Sussex Golf can take and use photographs/video images of my child, ONLY by Sussex Golf personnel or an authorised person, for the purpose of coaching, and/or the promotion and celebration of junior golf in Sussex (in print form or online). IF NOT TICKED, I ACKNOWLEDGE THAT I WILL COMMUNICATE THIS TO MY CHILD.
Tick if agreed	Sussex Golf may pass on my child's personal details to relevant County and National Golfing Organisations, whereby their development is being considered and for access to other benefits that may be available.

Print name: _____ Signed: _____ Date: _____

I, the undersigned, confirm that: Please ENTER your "Name Surname" plus enter your "Initials" for the Signed allocation. Remember to SAVE the document on completion of all entries. Please return as an attachment via email to Louise Simmons - sclgajuniororganiser@gmail.com

Both I, and my child, have read and understood:

- The Junior Code of Conduct
- The Code of Conduct for Staff, Professionals and Volunteers
- The Guidance for Parents/Guardians

I understand that the Sussex Golf Safeguarding & Child Protection Policy is available from the SCGU & SCLGA websites and that I have read and understand the Policy, and will raise any relevant questions with the County Welfare Officer. I also understand that the above information is kept securely on the County Union website.

Print name: _____ Signed: _____ Date: _____