

**COSBY GOLF CLUB - JUNIOR DETAILS**  
**Parental/Guardian Consent Form**

It is important that we are aware if your son or daughter has suffered from any illness or or medical condition, or has any special dietary needs. It is also important that we are able to contact you in the event of an emergency. Could you therefore please complete the following sections. The information given will be held in confidence by the Club and you are asked to ensure that any changes are notified to us at once.

**Name of Junior Member** ..... **Date of Birth** .....

**Address** .....

.....**Post Code** .....

**Home Telephone No.** : .....

**Mobile Telephone No.** .....

**Emergency contact person** ..... **Telephone (Home)** .....  
(Relationship to child) **Telephone Mobile** .....

**Alternative contact person** ..... **Telephone (Home)** .....  
(Relationship to child) **Telephone (Mobile)** .....

**MEDICAL INFORMATION:**

I consent to my son/daughter receiving medical treatment which in the opinion of a qualified medical practitioner may be necessary

His/Her NHS number is .....

His/Her registered practitioner is .....

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Telephone Number .....

Please state below if your son/daughter is suffering from a medical condition, or is taking regular medication which may affect his/her participation in playing golf at the Club or for the Club on other courses. Details of medication should include dosages and frequency of use. Please indicate if there are any special dietary needs that we should be aware of or any other circumstances which may relate to our care of your son or daughter. It is essential that the Junior Organiser and the Club Manager are aware of any possible matters that might either spoil your child's enjoyment of playing golf at the Club or, much more serious, might in any way result in your child's health suffering whilst at the Club

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I confirm that I have parental responsibility for this child and am entitled to give consent.

**Signed** ..... (Parent/Guardian)

Please print name .....

Date .....