

## JUNIOR PROFILE FORM



This form must be completed by all juniors/parents when joining Styal Golf Club or for coaching in the Cheshire Golf Academy Junior Golf Programme. **Without this form juniors will not be accepted as members or be allowed to take part in any coaching programmes.** This form has been completed under the guidance of the Children in Golf resource pack.

### PERSONAL DETAILS

NAME OF CHILD:

DOB:

HOME ADDRESS:

POSTCODE:

CONTACT TELEPHONE:

NAME:

EMERGENCY CONTACT:

NAME:

EMAIL:

### MEDICAL INFORMATION

GP NAME AND ADDRESS:

Does your child suffer with any **medical conditions, allergies** or take any form of **medication**.

YES/NO if yes, please list:

Are there any **dietary requirements** which we should be made aware of? YES/NO if yes, please detail:

- I confirm that my child does not suffer with any other medication condition than those stated above
- I agree to notify the club of any change in medical information or allergies
- I agree to give consent to a golf club representative to give immediate necessary authority on my behalf for any medical treatment that may be needed by approved medical physician

Sign :- \_\_\_\_\_

- I consent to:-
  - Use of photography by an authorised person
  - Use of video for coaching purposes
  - The use of the material by Cheshire Golf Academy and Styal Golf Club which reasonably promotes or advertises the aims of the programme or for use in coaching (e.g. leaflets, website, poster, banners and coaching).



Sign :- \_\_\_\_\_

- I consent to:-
  - My child to use the clubs changing facilities
  - My child being transported by club officials

I confirm that both myself and my child have read and understood the Adult Code of Conduct/Parental Guidance and the Junior Code of Conduct (copies available at [www.styalgolf.co.uk](http://www.styalgolf.co.uk) or the junior notice board.) A signed copy of the Junior Code of Conduct should be returned along with this form.

Sign :- \_\_\_\_\_

This agreement shall be governed by the laws of England and Wales.

PRINT NAME.....(parent/guardian)

SIGNED.....(parent/guardian)      DATE.....

SIGNED.....(club official)      DATE.....

**For further details please contact:-**  
**Golf Director Glynn Traynor on 01625 530 063 ext 214 or [gtraynor@styalgolf.co.uk](mailto:gtraynor@styalgolf.co.uk)**  
**PGA Professional Mark Johnson on 07747 692 or [m.johnson@tiscali.co.uk](mailto:m.johnson@tiscali.co.uk)**

