

THE WHITBURN GOLF CLUB LIMITED

Lizard Lane, South Shields, Tyne and Wear. NE34 7AF

Company Registration No. 281685

V.A.T. Registration No. 176 8101 55

Telephone Nos: 0191 529 2177

Options: **Secretary** – press 1 : **Clubhouse** – press 2 : **Professional** – press 3

Competition Secretary – press 4: **Clubhouse Manager** – press 5

e-mail: secretary@whitburngolfclub.co.uk

www.whitburngolfclub.co.uk



JUNIOR MEMBER PLAYER PROFILE FORM

(For Players Under the age of 18)

This form is to be issued annually to all Whitburn Golf Club junior members so that all details can be updated. It is also the responsibility of the junior and their parents / guardian to notify the Club Secretary if any details change at any time. Once the form has been completed, please return to the Club Secretary at Whitburn Golf Club.

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

In compliance with the Data Protection Act 2018, GDPR and all relevant data protection legislation, all efforts will be made to ensure that information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation.

It is the responsibility of the junior and their parent to notify the Facility Safeguarding Lead or Secretary if any of the details change at any time.

Junior's Name	
Date of Birth	
Address	
Telephone Number	

Parents' Names		
Address (if different from above)		

Home Telephone No		
Mobile Telephone No		
Work Telephone No		

Emergency Contacts

	Contact 1	Contact 2
Contact Name		
Relationship to Child		
Home Telephone Number		
Mobile Telephone Number		
Work Telephone Number		

Please confirm details of all those with Parental Responsibility for the Child.	
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Medical Information

Child's Doctor's name	
Doctor's Surgery Address	
Telephone Number	

Does your child experience any conditions requiring medical treatment and/or medication? **YES** **NO**

*If yes please give details, including medication, dose and frequency.

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Does your child have any allergies? **YES** **NO**

*If yes please give details.

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Does your child have any specific dietary requirements? **YES** **NO**

*If yes please give details.

What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

Disability

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 the disability?

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 them to communicate with us fully.

Consent from Parent/Legal Carer:

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 the facility of any changes to this information.

I give my consent that in an emergency situation, the facility may act in my place (loco parentis), if the need arises for the administration of emergency first aid and/or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult named in this form.

The attached signature will denote that my child has my permission to be on the facility's premises.

I acknowledge that the facility is not responsible for providing adult supervision for my child, except for formal junior golfing coaching, activity, matches or competition.

(Please tick the boxes if agreed)

By signing this document, I confirm that I have legal responsibility for ; I am entitled to give this consent and I am aware of how the information I have provided may be used.	
Signed – Parent/Carer	
Print name	
Date	