

PING WELSH JUNIOR TOUR PLAYER/PARENTAL CONSENT FORM

Please help us safeguard your children*

(*any young person under 18 years of age as of the first day of the Championship)

I (Parent/Guardian name) confirm that my child named below has my permission to be on the golf club's premises.

Signed Date

CONTACT DETAILS

COMPETITORS NAME: (Please Print)	EMERGENCY CONTACT NUMBERS (On day of Event)
..... HOME ADDRESS

DISABILITY/MEDICAL INFORMATION

Do you consider your child to have a disability? (Please tick)

Yes No Prefer not to identify

Physical Wheelchair user
Learning Other *
Sensory

Additional details and/or support needs if required*

Please indicate below any health related matters relating to your child that we should know about e.g. asthma/allergies. Any information given will be treated in the strictest of confidence however, please be aware that this information will be passed on to the Medical emergency services should the need arise.

MEDICAL CONDITIONS

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NAME OF COMPETITOR'S DOCTOR: (Please Print)

DOCTOR'S PRACTICE TEL NO

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

Signed Parent/Guardian Date

PING WELSH JUNIOR TOUR PLAYER/PARENTAL CONSENT FORM (CONTINUED)

PHOTOGRAPHY CONSENT

Wales Golf has in place a photography policy that recognises the need to ensure the safety and well-being of all young people in golf. A Wales Golf official photographer may be taking pictures or video images of entrants during the event. Any such photographs or video images may be used for the promotion of the game of golf and/or Wales Golf events or the celebration of the player's achievements. To the extent that it is consistent with these purposes and compliance with the Wales Golf photography policy it is agreed they may published on the Wales Golf web-site and social media platforms, made available to media organisations and other interested parties and used in entry forms and promotional materials intended for general distribution.

I (Parent/Guardian full name) consent to Wales Golf photographing or videoing

..... (Name of child) under its photography policy. I confirm that I am the parent/guardian of this child.

Parent/Guardian Signature Date.....

I..... (Junior full name) consent to Wales Golf photographing or videoing me under its photography policy.

Player Signature..... Date.....

PRIVACY NOTICE

Wales Golf uses the above information to enable it to fulfill its safeguarding responsibilities. Relevant information will be passed to the medical emergency services should the need arise.

The contact details and medical information will be retained until the end of the season to which it relates and the photography consent relating to this event will be retained indefinitely.

If you need any further information please write to us at Wales Golf, Catsash, Newport, South Wales, NP18 1JQ

I confirm that I am age 16 or over and have read, understand and agree with the way the above data will be used by Wales Golf.

Parent/Guardian Signature..... Date.....

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND EITHER RETURNED WITH THE ENTRY FORM OR HANDED IN TO THE CHAMPIONSHIPS OFFICE AT REGISTRATION. THE FAILURE TO RETURN THIS FORM MAY RESULT IN THE PLAYER BEING WITHDRAWN FROM THE CHAMPIONSHIP.