NOTTS JUNIOR GIRLS TRACKER INFORMATION FORM 2015

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

Please complete this form with our assurance that the information will be treated as confidential.

Contact Information					
Name					
Address					
Date of birth					
Home phone number					
Mobile phone number					
email address					
School year					
Name of school					
Are you a member of a golf club? Yes/ No			If Yes, which club?		
Do you have a handicap? Yes / No			If Yes, what is it		
Please give the name of	f a pe	rson we can con	tact in case of emergencies.		
Name					
Address					
Home phone number					
Mobile phone number					
Relationship to child					
Medical Information					
Child's Doctor's Name					
Doctor's Surgery Addres	SS				
0 ,					
Doctor's telephone nun	nber				
Does your child have an	v con	ditions requiring	medical treatment	YES*	NO
and / or medication?	•				
If *YES please give detail	ils, ind	cluding medication	on , dose and frequency:		
Does your child have any allergies?					NO
If *YES please give detail	ils:				

Does your child have any dietary requirements?	YES* NO
If *YES please give details:	

- 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 NCLGA of any changes.
- I do / do not give permission for photographs of...... to be taken. These may occasionally be displayed at NCLGA Council Meetings and events as well as the NCLGA website.
- I consent to providing the above information and it being held on file and computer as part of the NCLGA Junior Development Plan Tracking System.
- I consent to the above information being shared with any PGA coach or the County Golf Partnership who may be delivering training on behalf of NCLGA.
- I and my child have read the NCLGA Code of Conduct for Juniors and agree to abide by this.

Signature (Parent / Guardian)
Print Name
Date

Please return to Emma Howie, County Junior Coordinator, 14 Cedar Drive, Keyworth, Nottingham, NG12 5AB
Tel. 07946 748447

Or scan a signed form to Emma Howie at emma.seton@talk21.com