



Coaching Registration Form Junior Academy 2020

Childs Name

Date of Birth

Address

.....

..... Post Code.....

Medical Information

Does your child have any medical conditions or requirements that we should be aware of?

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Does your child have any allergies?

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Child's registered GP

Name of Surgery Telephone

Where did you hear about the Junior Academy at Cottesmore and its events?

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Parents Details

Name (1st Contact) Mobile number

Name (2nd Contact) Mobile Number

1st Contact alternative number

2nd Contact alternative number

Email Address

Please provide details for 1 extra contact, to be used only in the event of an emergency where organisers cannot reach either contact named above.

Name Relationship to child

Mobile number Alternative number

I, being the legal parent/guardian of the above named child, give consent to the organisers at Cottessmore to give necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where in the doctor's medical opinion, it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent. To reduce the chance of this being needed, I will do all I can to ensure that I am contactable during my child's time at Cottessmore.

Name Signature

For the purpose of marketing future events and for assisting with their golf we may wish to take photographs and videos of your child. In order to do this we would need your signed consent.

Parents name

Parents signature

By signing this form you are agreeing to be added to The Golf Academy's database to receive updates on our activities. Your data will be held securely within the club and will never be sold to a third party. You can unsubscribe at any time.

Parents Name..... Signature

To assist in your child's progress, we may pass on their details to a third party such as Sussex County, England Golf, etc. If you do not wish us to do this please tick here

