

***Doneraile Golf Club, Horseclose, Doneraile,Co Cork 022- 24137/087-9590052***

***e-mail:*** ***admin@donerailegolfclub.com***

***www.donerailegolfclub.com***

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| **Junior / Cadet (Juvenile)****Parent / Guardian Consent Form** |
| Childs Name: |
| Date of Birth: |
| Parent/Guardian Email: |
| Address: |
| Parent/Guardian Name: |
| Parent/Guardian Phone: |
| Please state any medical/behavioural conditions you feel need to be disclosed:(Please include all medical details that might be relevant in dealing in with your child in a safe manner, such as allergies, medication, special needs, etc.) |  |
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| *I hereby consent to the above child participating in golf activities of the club in line with the Code of Ethics for Golf for Young People. I will inform the leader of any changes to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities. I am happy for me, and my child, to receive appropriate communication through text and email.* *I understand that photographs/videos will be taken during or at golf related events and may be used in the promotion of golf, including social media.* *If selected for teams, I confirm I am happy with the travel arrangements the club may arrange for my child.* *I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior club coaching, matches and competitions.* |
| Name: Signature: |