

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

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***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: | |