

JUNIORS FIRST NAME: <input type="text"/>		SURNAME: <input type="text"/>	
JUNIORS AGE:		JUNIORS DOB:	
ADDRESS:			POSTCODE:
HOME TEL:			
EMAIL:			

PARENTS FIRST NAME: <input type="text"/>		SURNAME: <input type="text"/>	
PARENTS MOBILE NO:			
EMERGENCY CONTACT NO:			
EMAIL:			

DOCTORS FIRST NAME: <input type="text"/>		SURNAME: <input type="text"/>	
DOCTORS TEL:			
JUNIORS MEDICAL PROFILE:			
INJURIES:			
ALLERGIES:			
MEDICATION: (special instructions)			

PARENTAL / GUARDIAN CONSENT: I agree to my child participating in any or all golf sessions and activities organised by:

NAME:	PGA PROFESSIONAL <input type="checkbox"/>	ASSISTANT PROFESSIONAL <input type="checkbox"/>
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I acknowledge and agree that there are risks inherent in my child's participation in Golf and Golf Instruction. These risks include the risk of injury. I agree that I will not hold the Teaching Professional responsible for any injuries or medical conditions that my child may incur as a result of participation in Golf and Golf instruction. In the event of any injury or illness I authorise the Professional to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave the activity session during the stated time period and will not be released unless the Professional is confident that the child is safe. I agree that the Professional may take photographs or to use video captions of my child's golf techniques as a tool to advance my child's learning.

THE CLUB JUNIOR LIAISON OFFICER IS:

PARENT'S/GUARDIAN'S SIGNATURE: <input type="text"/>	DATE: <input type="text"/>
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t: 0117 956 7007
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