



## Junior Profile and Consent Form

Appendix 10

Name of Young Person		
Address		
Date of birth	Gender	Male/Female
Name of Parent/Carer		
Daytime Tel No.	Mobile Tel. No.	
Email address		
<b>Emergency Contact Information</b>		
Alternative emergency adult contact		
Daytime Tel. No.	Mobile Tel. No.	
<b>Medical Information</b>		
Are there any activities that your child cannot participate in.	YES/NO If Yes please provide details	
Name of GP	Tel. No.	
Any medical conditions requiring treatment		
Medication required		
Any other medical condition or disability		
Any allergies		
Any dietary requirements		
Any additional needs or support required. e.g. Language or hearing		

**Consent Information** Please tick boxes and sign below to confirm your agreement

**I confirm to the best of my knowledge**, that my child does not suffer from any medical condition other than detailed above. And I agree to notify the County of any changes to this information

**I give my consent** that if an emergency arises, the organisation may act as loco parentis if the need arises for the administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such cases all reasonable steps will be taken to contact me or the alternative contact.

**The attached signature will denote** that my child has my permission to be on the premises where County activities are taking place.

**I acknowledge that** the County is not responsible for providing adult supervision for my child, except for formal junior golfing, coaching, or competition.

**I agree to my child** being transported by approve County representatives to and from venues when he/she is representing the County

**I consent to** County approved staff photographing or videoing my child under the rules and conditions stated in the CAGL Photography Policy

**I confirm** that I have read the CAGL Code of Conduct for Parents and that I will observe the requirements of this Code.

**I confirm** that my child has received a copy of the Code of Conduct for Young Golfers and that he/she has agreed to abide by the Code.

By signing this document, I confirm that I have legal responsibility for

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I am entitled to give this consent and I am aware of how the information I have provided may be used

SIGNED  
Parent/Carer

Print Name

Date

The safety and welfare of our Juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition, and 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 and will only be used in accordance with our Privacy Policy which, together with our Safeguarding Policies can be found on the CAGU website [www.cagu.co.uk](http://www.cagu.co.uk).

Should you have any concerns about the safeguarding of your child please contact the County Welfare Officer Karen Fidell at [cwo@cambridgecountryclub.com](mailto:cwo@cambridgecountryclub.com).