

TOTAL JUNIOR GOLFER | AFGOLF STORE | KINGSWAY GOLF

Parents/Carers Consent Form

Total Junior Golfer, AFGolf Store & Kingsway Golf values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in golf.

We need you to complete this form and let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Child's Name:	Date of Birth:
Address: Postcode:	Tel No:
Emergency Contact Name: Relationship to child:	Contact Tel No:

A. GENERAL & MEDICAL INFORMATION

Please state if your child has any medical conditions or SEN Needs that we need to know about.

B. CONSENT – PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

Your child may be photographed or filmed when participating in golf lessons or club events. Images will be strictly used for marketing reasons only.

I consent/I do not consent (delete as appropriate) for my child to be involved in photographs or filming by the Total Junior Golfer, AFGolf Store and Kingsway Golf Centre.

CONSENT – SIGNATURE

Parent/Carer's Signature _____

Date: _____ (Please state relationship to child if not parent)

Print Name: _____

Please complete and return to:

Chris Hattersley

Head of Academy - Total Junior Golfer, AFGolf Store and Kingsway Golf Centre.

totaljuniorgolf@gmail.com