



# Sussex Junior Golf Development Tour



## PARENTAL CONSENT FORM 2024

Childs Name: ..... Date of Birth: .....

Address: .....  
.....

Parent / Guardian Name: .....

Relationship to the Child: .....

Contact Telephone Number(s): .....

### Medical Information

Does your child have any medical conditions or requirements that we should be aware of:

.....  
.....

Does your child have any allergies:

.....  
.....

In the event my son / daughter becoming ill or suffering injury whilst playing golf I am happy for SJGDT/host club to treat or arrange medical care as necessary, should I not be immediately contactable.

Signed: .....(Parent/Guardian)

### Marketing

I consent / do not consent to the photographing and publication of images of my son / daughter and I understand that SJGDT will take all necessary steps to ensure that these images are used appropriately and solely for the purposes intended, namely the promotion and celebration of the activities of SJGDT.

Dated: .....

Signed: .....(Parent/Guardian)

Dated: .....

### OFFICE USE ONLY:

Affiliation Fee of £25 Paid .....