



Braehead Golf Club

CAMBUS, by ALLOA FK10 2NT
Clubhouse: 01259 725766

Contact Lynn Parsler, Junior Convenor

email: enquiries@braeheadgolfclub.co.uk

Child Consent and Medical Form

This form must be completed by a parent/guardian and submitted to the club.
The form is to be completed each year at the renewal of membership.

Personal Information

Childs Name:	Address
Parent/Carer Name:	
Childs Date of Birth:	
Email:	Post Code
Home Tele:	Mob Tele:
Emergency Contact Name:	
Emergency Contact No.	

Does the child (named above) suffer from any ongoing medical conditions, or have any special needs which we should be aware of? Please circle.	YES	NO
If yes, please give details		

Disclaimers

I **HEREBY GIVE/DO NOT GIVE (delete as appropriate)** my consent for photographs/videos to be taken of my child for the purposes of marketing and promoting Braehead Golf Club. I understand that these photos/videos may be used in social media, newspapers, website or any other promotional material deemed to be beneficial to Braehead Golf Club.

By signing this form below, you confirm that you have legal responsibility for the above named child and that you give full consent for that child to take part in golfing and golf related activities at Braehead Golf Club. I confirm that I will update Braehead Golf Club with any changes to the above information.

Signature	Relationship to Child	Date
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