



## JUVENILE CONSENT FORM

### PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of \_\_\_\_\_

1. Parent/Guardians are required to sign consent form each year in respect of Juveniles/Student members in their care.

I/We wish to confirm our understanding of the Juvenile Guidelines and Regulations of Co Cavan GC and will ensure that [Insert Name of Juvenile/Student] has been made aware of its content and will abide by its provisions.

2. Providing consent each year for juveniles/students/children in their care to play unaccompanied at Co Cavan GC under the limits set out below. In such circumstances, Juveniles and Students shall remain the responsibility of the Parent/Guardian.

I /We wish to confirm that [Insert Name of Juvenile/Student] is allowed to be at Co Cavan GC unaccompanied within the limits as set out in the Guidelines and Regulations and that we take responsibility for his/her during their time at Co Cavan GC.

### CONTACT INFORMATION

Full Name: \_\_\_\_\_

Sex: (Male / Female)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ (in case of emergency)

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**MEDICAL HISTORY INFORMATION**

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Please include all medical details that might be relevant in dealing in with your child in a safe manner, such as allergies, medication, special needs, etc.

**Photographs**

I understand that photographs will be taken during or at golf related events and may be used in the promotion of golf

**Overnight Away Trips**

If selected for representative teams, I confirm I am happy with the travel and accommodation arrangements the GUI/ILGU/PGA/JGI may arrange for my child(ren).

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_