

Parental Consent Form

I wish to enrol my child in the MYGolf National Skills Challenge Program being conducted at:

_____ (the MYGolf Centre)

Member Name: _____ Male/Female (please circle)

Address: _____ Postcode: _____

Date of Birth: _____ Email: _____

School Year: _____ School Attending: _____

Golf Club: _____ H'Cap: _____ Golf Link No.: _____
(if any) (if any) (if any)

Name of Parent/Guardian: _____

Telephone: _____ (H) _____ (W) _____ (Mobile)

MEDICAL REPORT

Medical/Hospital Insurance Name: _____ Number: _____

Medicare Number: _____ Ambulance Membership Number: _____

Is your child presently taking tablets and / or medicine? YES/NO (please circle)

If YES, please state name of medication and dosage: _____

Please tick if your child suffers any of the following:

Fits of any type ___ Dizzy spells ___ Travel Sickness ___ Asthma ___ Heart Condition ___

Migraine ___ Other Comments _____

Allergies to:

Penicillin : _____ Any Foods: _____ Drugs: _____ Other: _____

What Special Care is recommended? _____

- a) I hereby authorise the MYGolf Centre or its nominated representative, to make such arrangements as are deemed necessary by the attending medical practitioner in the event of emergency medical treatment being necessary in respect of my child.

PROVISION OF CONSENT TO USE PHOTOGRAPHS AND FILMING

- b) I give my consent to the MYGolf Centre and/or Golf Australia to copy or reproduce images of my child (whether by photo, film or other electronic or printed media) without the acknowledgment of myself or my child and without my entitlement to any remuneration of compensation now or in the future.

- c) I acknowledge that the images are the property of the MYGolf Centre and/or Golf Australia.

The MYGolf Centre and Golf Australia agree not to use any image in a manner that may be deemed adverse or defamatory, and will only use the image(s) to promote the MYGolf Centre and/or Golf Australia.

AUTHORISATION

I herein confirm that the above information provided by me is true and correct.

I agree to, and understand the conditions set out in a), b) & c) above.

SIGNED: _____ DATE: _____
(PARENT/GUARDIAN)

