



Consent & Medical Form

Junior Open 36-hole Scratch & Handicap Medal

Wednesday 29th July 2020

MEDICAL CONDITIONS In caring for the best interests of your child, it is important that Moor Park Golf Club knows whether he/she suffer from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below, in strictest confidence, any health-related matters which you think it is best we know about, including any prescribed dosage or special dietary requirements.

CONSENT My son/daughter is in good health and I consent to him/her participating at Moor Park Golf Club.

In the event of an accident or emergency, I consent to my son/daughter receiving essential medical treatment, as prescribed by a qualified medical practitioner, or first aid appointed person.

PHOTOGRAPHY I permit Moor Park Golf Club to photograph my son/daughter on the golf course and prize giving for the purpose of promotional literature and press releases.

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The Hertfordshire Junior Stag Wednesday 29th July 2020

PARENT CONTACT DETAILS

(PLEASE PRINT)

| | | |
|--|---------|-------|
| Name: | | |
| Home: | Mobile: | Work: |
| Medical Details: | | |
| Signature: | | Date: |
| I agree to allow my son/daughter to participate in the Moor Park Junior Open and consent to the above. | | |

Please return form to: The Golf Office, Moor Park Golf Club, Rickmansworth, Hertfordshire WD3 1QN
Telephone: 01923 721663 Email: enquiries@moorparkgc.co.uk