



Consent Form for 'Learn to Golf' Junior Coaching 2026

KEMNAY GOLF CLUB

13th APRIL – 29th JUNE (12 Weeks)

17th AUGUST – 7th SEPTEMBER (4 Weeks)

Pupil details & correspondence details

Name: _____

Age: _____

Date of Birth: _____

Address: _____

Tel: _____

Mobile _____

Emergency Information & Contact (2 required)

Name and Tel No: _____

Name and Tel No: _____

Email: _____

Email: _____

Doctors Name: _____

Doctors Tel: _____

PARENTAL CONSENTS (delete as applicable)

Additional Information: (delete as applicable)

Do You have a disability? YES / No

Please Specify: _____

Have you played Golf before? YES / No

Specify Experience

Are you: Right Handed / Left Handed

Please List any Medical Conditions / Allergies of Pupil: i.e ADHD,

Nut allergies _____

Please Advise any action regarding the above.

Golf Sixes Participation YES / NO

Flag Event YES / NO

Golfers may take Mobile phones for emergency use and contacting parents, but MUST NOT be used during coaching. By signing the consent you are agreeing to this statement.

I agree to my child/children participating in any or all of the golf coaching sessions organized by KEMNAY GOLF CLUB.

I consent/do not consent to my child's photograph being used for publicity purposes.

I consent/do not consent to my child/children receiving a ride home with other parents after golf sessions.

Data Protection: Please note that all information gathered is for the sole use of **Kemnay Golf Club** and will not be passed on to any other body and will be regarded as strictly private & confidential.



Learn to Golf uses the SPOND App for communication with Parents, Coaches and Juniors. It is important Parents sign up to ensure effective communication and efficient running of coaching evenings. This is a closed group and no access is available to others outside the group.

In the event of any illness or injury I also authorize the organisers to obtain on my behalf such medical assistance that my child may require. I understand that my child is not allowed to leave any activity session during the stated time period and will not be released unless the organisers are confident that the child is safe. My child also understands this. **PLEASE BE READY FOR COACHING 15 MINUTES BEFORE THE START OF THE SESSION. EVERYONE SHOULD DEMONSTRATE APPROPRIATE BEHAVIOURS AT ALL TIMES AND NOT ACT IN A WAY THAT WILL BRING DISREPUTE UPON KEMNAY GOLF CLUB.**

SIGNATURE _____ **DATE** _____

PUPIL SIGNATURE _____ **DATE** _____