

  **CODE OF CONDUCT FOR PARENTS/CARERS**

As a parent /carer of a junior member you are expected to abide by the following code of conduct.

You should:

* Encourage your child to learn the rules and play within them.
* Discourage unfair play and arguing with club staff/officials
* Help your child to recognise good performance and effort, not just results.
* Never force your child to take part in golf.
* Set a good example by recognising fair play and applauding goof performance of all.
* Never punish or belittle a child for losing or making mistakes.
* Publicly accept officials judgements.
* Support your child’s involvement and help them to enjoy their golf.
* Use correct and proper language at all times.
* Never use threatening or abusive behaviour towards children, officials, coaches or their parents.
* Always notify the Junior Organiser if you will not be attending or going to be late for a coaching session/competition.
* Ensure that coaches are made aware of any pre-existing medical conditions your child has
* Ensure that all correspondence and consent forma are replied to by the due date.
* Ensure that your child is dropped off and picked up on time after each session.

I have read and understood this Code of Conduct and I agree to abide by the rules and guidance of the club

NAME:……………………………………………………………….. (Please Print)

**JUNIOR MEMBERS/PARENTAL CONSENT FORM 2023**

The following information and consent are requested to ensure the health and wellbeing of all Junior Members under the age of 18 participating in Troon Welbeck Golf Club activities. The information contained in this form is confidential and will only be used to safeguard the Junior Members health and wellbeing should the need arise, and keep Junior members up to date through ClubV1.

Should we need to contact parents/guardians/legal carers we will use the contact details below.

**CONTACT DETAILS**

**Name of Junior Member:……………………………………………………….**

**Address: ………………………………………………………………………………………………………………………….**

**Date of Birth:…………………………………………………..**

**Landline:……………………………………………Mobile:………………………………………………………**

**Junior Email Address:…………………………………………………………………………………………..**

**Parental/ Other Email………………………………………………………………………………………….**

**Doctors Name: ……………………………………………… Telephone :…………………………………………….**

**Emergency Contact: ……………………………………… Telephone …………………………………,,,,,,,,,,,,**

**Relationship to Child ………………………………………**

**2nd Emergency Contact ……………………………………… Telephone ……………………………………………….**

**Relationship to Child: …………………………………………**

**MEDICAL DETAILS**

Please provide details of any pre existing medical condition that may affect the Junior Members participation in the activity/event/programme.

…………………………………………………………………………………………………………………………………………………………..

Details of medication, treatment or dietary requirements

…………………………………………………………………………………………………………………………………………………………..

Details of any allergies, including allergies to medication

…………………………………………………………………………………………………………………………………………………………..

Please confirm if the Junior Member has received a Tetanus injection in the last 10 years **YES/NO**