



**EZGO Junior Tour 2019**  
**Health & Safety**  
**Consent Form**  
  
**Junior Tour**

Please return to:  
 Mike Dodd  
 Ezgo Junior Tour  
 Sturminster Marshall GC  
 Moor Lane  
 Sturminster Marshall  
 Dorset BH21 4BD

Full Name		Club	
Address		Home Tel	
		Mob	
		DOB	
E-Mail			

**Please indicate who should be contacted in case of emergency**

Name		Relationship	
Home Tel		Work Tel	
Mob		Email	
Alternative Mob		Relationship	

**Medical Conditions?**

CONDITION	Yes /No	Medication
Diabetes		
Epilepsy		
Migraine		
Asthma		
Hay Fever		
Sensitive to insect bites/stings		
Allergic to Foods nuts/seafood etc – Please state		
Allergic to Penicillin or other medicines		
Currently receiving any medical treatment		
Tetanus injection up to date?		
Please indicate any other medical conditions		

Doctor		Tel:	
Address			

**I consent to my son/daughter taking part in the golfing activities organized by EZGO Junior Tour. In the unlikely event of an accident or illness requiring emergency medical, hospital or dental treatment, I authorize any organizer of EZGO Junior Tour to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon. (In any such eventuality every attempt would be made to contact you.)**

**I consent that my child can travel with a member of the EZGO Junior Tour staff to attend fixtures/matches away from their home club. I also consent for my child to be photographed and any pictures used to publicise the tour or be included in any website, newspaper or magazines.**

Parent/Guardian's Name (Please use Capitals)	
Signature	
Date	