



NATIONAL SCHOOLS PROGRAMME PARENT / GUARDIAN CONSENT FORM

Please complete all sections and return to the school before the programme commences.

PUPIL INFORMATION

Pupil Name	
Date of Birth	
Class / Year Group	
School	

PARENT / GUARDIAN DETAILS

Parent / Guardian Name	
Relationship to Child	
Telephone	
Email	

MEDICAL INFORMATION

Please provide details of any medical conditions, allergies, injuries or additional information that the coach should be aware of.

☐ No known medical conditions, allergies or additional support needs.

Does your child carry any medication that may be required during the programme (e.g. inhaler, EpiPen)?

☐ Yes ☐ No

If applicable, please provide details below:

Please include any instructions the coach should be aware of.

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EMERGENCY CONTACT

If different from Parent / Guardian above.

Emergency Contact Name	
Relationship to Child	
Telephone	



PHOTOGRAPHY & MEDIA CONSENT

From time to time, photographs or videos may be taken during programme activities for promotional purposes by AWGolf. Please tick one:

- ☐ I GIVE permission for my child to appear in photographs and/or videos.
- ☐ I give permission for internal programme/school use only (not public marketing).
- ☐ I DO NOT give permission for my child to appear in photographs and/or videos.

DATA PROTECTION

Personal information provided on this form is collected solely for the safe administration of the programme, will only be shared where necessary for safeguarding or emergency purposes, and will be processed in accordance with applicable data protection legislation.

PARENT / GUARDIAN DECLARATION

I confirm that:

- The information provided on this form is accurate.
- To the best of my knowledge, my child is medically fit to participate in normal physical activity.
- I have informed the programme organisers of any relevant medical information.
- I understand that the programme is delivered by suitably qualified coaching personnel using age-appropriate equipment.
- I understand that normal school supervision arrangements remain in place throughout programme delivery.

I give permission for my child to participate in the Rising Stars Golf National Schools Programme.

Parent / Guardian Signature	
Date	

SCHOOL USE ONLY

School Name / Code	
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Please tick the programme type for this pupil:

- ☐ 4 Week Programme ☐ 5 Week Programme
- ☐ 6 Week Programme ☐ One Day Golf Experience

Received By	
Date Received	

☐ Consent Form Checked Initials: _____