

# LIPHOOK SCRATCH CUP 2022

Liphook Golf Club  
Saturday 27<sup>th</sup> August 2022



## Parental Consent Form: Health & Safety and Photography (under 18's only)

### Player information

Name:	Mobile:
Club:	
Date of Birth:	Home tel no:
Email:	
Dietary Requirements:	Relevant Medical Conditions e.g. allergies (bees, wasps), epilepsy:
	Date of last tetanus injection:

### Parent information/Person to be contacted in case of emergency

Name:	Mobile:
Relationship: to player:	Home tel:
Email:	

### Doctor information :

Name:	Telephone No:
Surgery:	

In the unlikely event of an emergency or illness I authorise Liphook Golf Club or its agents to sign on my behalf any written form of consent required by a hospital, medical or dental authority, where delay is considered inadvisable by a medical professional.

I consent to appropriate photographs, video and audio recordings relevant to the event being taken and to be published on the club website and any relevant sports websites, newspapers or magazines.

I consent to my daughter taking part in this event.

Signature of Parent:

Date: