



Competitors Name: (Please print)

JORGE JOSE UTRILLA

In caring for the best interests of your son it is important the English Golf Union know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

Please indicate below any health related matters, including injuries, details of any allergies, prescribed medicine and dosage or of any special dietary requirements which you think it is best we know about. Any information given will be treated in the strictest of confidence however please be aware that this information will be passed on to the Medical Emergency services should the need arise.

Name of Competitors Doctor:

Doctors' Practice Tel. Number:

I, **ANGELES BURGAS**, being parent/guardian of the above named child, hereby give permission for the EGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

IN THE EVENT OF ANY CHANGES TO THE ABOVE INFORMATION, PLEASE NOTIFY THE CHAMPIONSHIP DEPARTMENT IMMEDIATELY:

Telephone: 01526 354500 / Fax: 01526 351812

USE OF PHOTOGRAPHIC EQUIPMENT AT ENGLISH GOLF UNION CHAMPIONSHIPS

It is NOT the intention of the English Golf Union to prohibit those with a legitimate interest in filming or photographing children or young people's participation in sport, however, the English Golf Union have a policy and a procedure in place regarding the use of cameras and photographic images at their Championships.

The Policy is:-

- To ensure children / young people, Parents / Carers and the EGU have control over the images of the children / young people.
- To deter unsuitable people from misusing sporting activities to obtain images of children.
- To prevent unsuitable images of children or inappropriate representations of the sport from being produced.
- To protect the identity of children and young people who may be made vulnerable through the publication of any image.

The Procedure is:-

- The EGU asks that any person wishing to use photographic / video equipment should register their details in the EGU Mobile Office before carrying out any such photography on the golf course, the Clubhouse or surrounding area. (The practice area is classed as on the golf course).
- The EGU reserves the right of entry to any of its events and reserves the right to decline entry to any person unable or unwilling to meet or abide by these Conditions.
- The EGU also wish to be known that they also reserve the right to call on the police should they have any doubts as to the authenticity of any individual.

Once registered, an identification label will be issued to identify those who have registered.

Anyone found using photographic / video equipment and NOT wearing / showing the identification will be approached.

If Competitors/Parents have any concerns they should raise these concerns by contacting the EGU Mobile Office immediately.

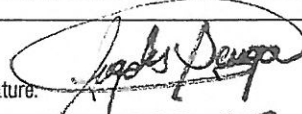
The English Golf Union's official photographer will be taking pictures of entrants during the event, if you do not wish for pictures of your son to be used by the EGU please tick the box ☐

Please help us safeguard your children

I consent to him participating in events and activities organised by the English Golf Union.

Parent / Guardian / Responsible person:

Name: **ANGELES BURGAS**

Signature: 

Date:

12 de Junio de 2012

Home Tel: **976319866**

Work Tel: **976535075**

Mobile: **639334345**

PLEASE NOTE: THIS FORM ALONG WITH THE ENTRY FORM (PAGE 4) ARE TO BE COMPLETED AND RETURNED TOGETHER TO THE CHAMPIONSHIP DEPARTMENT, FAILURE TO DO SO WILL RESULT IN NON ACCEPTANCE OF ENTRY INTO THE COMPETITION.



Competitors Name: (Please print)

ANTONIO CRUZ-CONDE

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Name of Competitors Doctor: DRA CASADO

Doctors' Practice Tel. Number: 951973436

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Parent / Guardian / Responsible person: ALFONSO CRUZ-CONDE SUSPER DE TANGIL
Name: ALFONSO Signature: Date: 13/06/2012
Home Tel: 952888988 Work Tel: 952768976 Mobile: 630442908

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ENGLISH GOLF UNION
...at the heart of golf

The English Golf Union Ltd
PARENTAL CONSENT FORM

Competitors Name: (Please print)

CARLOS LEANDRO RODRIGUEZ

In caring for the best interests of your son it is important the English Golf Union know whether he suffers from any medical condition or illness, or whether he is currently receiving medical treatment of any kind.

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NO

Name of Competitors Doctor: ANTONIO LEANDRO VIEIRA

Doctors' Practice Tel. Number: +34 616 844 026

I, ANTONIO LEANDRO VIEIRA being parent/guardian of the above named child, hereby give permission for the EGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

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Parent / Guardian / Responsible person:

Name:

Signature:

Date:

Home Tel:

Work Tel:

Mobile:

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Competitors Name: (Please print)

KLAUS ALEJANDRO GANTER DOBLAS

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Name of Competitors Doctor:

Doctors' Practice Tel. Number:

I, CARMEN DOBLAS, being parent/guardian of the above named child, hereby give permission for the EGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

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Please help us safeguard your children

I consent to him participating in events and activities organised by the English Golf Union.

Parent / Guardian / Responsible person: FATHER

Name: CARMEN DOBLAS

Signature: [Signature]

Date: 12-06-2012

Home Tel: +34913721423

Work Tel:

Mobile: +34627256678

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