



Coaching Consent Form

Please complete this form and return before any group lessons,

Your son/daughter will not be able to take part until we have received a signed copy. Please contact us if you have any queries.

Name of child:		Date of birth:
Parents name/s:		
Mobile:		Email:
Any allergies or nedical conditions:		
Signed:		Date:
I confirm that I give	permission for my Son/Daughter to have the	eir photo taken. There will be no names on any photos take

There is a digital version on www.paulcreamergolf.co.uk

	Signed:	Date:	
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