



IGF Transportation Policy Request Form

This form must be completed by any player seeking permission to use a motorised golf cart during the 2018 World Amateur Team Championships (WATC). The form must be submitted to the International Golf Federation (IGF) by 1 August 2018. This form should be emailed to: watc@igfmail.org

Name: _____

Please explain the nature and history of your disability and why it requires the use of transportation:

Are you receiving any treatment for this disability?

If your condition relates to a cardiac problem, do you experience any shortness of breath, etc?

How many yards can you walk unaided?

Please provide a current medical certificate and report from your medical practitioner, including the following information in the report:

1. The name of the disability
2. The extent of the disability
3. The prognosis for improvement
4. An explanation as to how it impedes your ability to walk in general and during a golf tournament
5. Whether you use any aids and if so, when and where are these required for use for playing golf

The IGF will use the information you supply on this form and in any supporting documentation to assess and process requests for permission to ride or use a form of transportation during the 2018 WATC. The IGF may also disclose the information you provide on this form and in any supporting documentation as it deems necessary for such purposes. The IGF is the data controller for use of your information in the manner outlined above. This information will be destroyed no later than three months after the 2018 WATC.

You can ask the IGF to stop using your information at any time by contacting the IGF by email at info@igfmail.org Your request cannot be processed if you do not provide this information or if you withdraw your consent. The IGF will process the information provided on this form or otherwise in accordance with the Information Privacy Policy at www.igfgolf.org.

I certify that the information supplied on this form and in any supporting documentation is true and correct and I hereby consent to use of the information supplied on this form and in any supporting documentation by the IGF for the purposes of assessing and processing this request for permission to ride or use a form of transportation during the 2018 WATC.

Player:

Player Signature:

Date:

Player Email:

Player Contact Telephone:

National Federation (NF) Representative:

National Federation Representative Signature:

National Federation Representative Name/Title:

Date:

NF Representative Email:

NF Representative Contact Telephone:

For players aged under 18 years only (must be completed by parent or guardian)

I, the parent or guardian of the player, (1) confirm that the information supplied on this form and in any supporting documentation is true and correct; (2) hereby consent to use of the information supplied on this form and in any supporting documentation by the IGF for the purposes of assessing and processing this request for permission to ride or use a form of transportation during the 2018 WATC; and (3) confirm I have legal parental responsibility for the player and I am entitled to give this consent.

Signature of Parent/Guardian:

Parent/Guardian's Name:

Date:

Relationship to Player:

Contact Telephone:

Contact Email: