



PARENTAL CONSENT FORM FOR NON-MEMBERS AGE 16 AND UNDER

Child's Name

School

Age

Parent/Carer Name

Address

.....

Contact No. in case of emergency

Please list any medical requirements, medication or allergies

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Transport

We cannot be responsible for transport to and from the site.

Will your child be making his/her own way home? **YES/NO**

If no, who will be picking him/her up?

Photography

We would like to take photographs from time to time for the website and for other club promotions. Do you give consent for your child to be included in photographs? **YES/NO**

Medical

I declare that my child will not participate unless he/she is in good health and that he/she will only participate at his/her own risk. I agree that a trained person can give first aid to my child if necessary. In the event of my child requiring emergency treatment and the club being unable to contact me, I give consent for the club to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my child.

I accept that the club will not be liable for any loss or damage, action, claim, cost or expenses, which may arise as a consequence of participation.

Signed

Print Name

Date