

Sale Tennis Club

Consent & Emergency Contact Form



Your details: (If under 18 this must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

Details of the event/trip the child/adult will be attending:

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Activities

I give permission for the child/adult to:		
Be involved in photography and/or filming.	Yes	No
Travel by any form of public transport or in a motor vehicle.	Yes	No
Other (please detail)	Yes	No

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Child / Adult at Risk Medical/Disability History

Does the child or young person have:		
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes	No
Any access needs?	Yes	No
Any religious or spiritual practices we should be aware of?	Yes	No
Any dietary needs we should be aware of?	Yes	No
Anything else which we should be aware of?	Yes	No
<p>If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).</p>		

Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or young person:		
Address:		
Contact details:	Phone: Mobile:	Email:

Confirmation

Name of Parent/Carer (print):			Date:	
Signature:				
Consent valid for the following period (Please tick)	This event only	<input type="checkbox"/>	Other (Please specify below)	
	One week	<input type="checkbox"/>		
	One Month	<input type="checkbox"/>		
	One Year	<input type="checkbox"/>		