

NEWCASTLE TENNIS CLUB-CONSENT FORM

Anything written on this form will be held in confidence. Coaches need to know these details in order to meet the specific needs of your child.

CHILD’S FULL NAME:.....

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EMERGENCY TEL (1):..... (2):

IF UNAVAILABLE CONTACT:

TEL:RELATIONSHIP TO CHILD:

NAME AND TEL NO. OF G.P.:

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:
.....
.....

ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:
.....
.....

I will inform the coaches of any important changes to my child’s health, medication or needs and also of any changes to our address, phone numbers or email.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Newcastle Tennis Club has a Child Protection Policy & they are committed to ensuring the safety of my child.

Newcastle Tennis Club is committed to ensuring that any information gathered in relation to our junior programme meets the specific responsibilities as set out in the Data Protection (Amendment) Act 2003. The information will be stored on the club data base for a maximum of 12 months before re-registering the player if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in activities.

Child/Young Persons Signature

Print Name

Parent/Guardian Signature*

Print Name Date

Please return this form with your membership renewal

*Please note that the person signing the parent/guardian section must ensure they have parental responsibility for the child.