

PARENTAL CONSENT FORM

(Participation in activities at taste sessions or training for junior members & participants)

To be completed by the Parent / Guardian:

Child's Contact Details

Childs Name: _____ Address : _____ _____ Post Code : _____ Email Address : _____ Child's School : _____	Date of Birth: _____ Age : _____ _____ School year : _____
Contact Numbers:	
Home : _____	Next of Kin _____ Mobile _____ (parent)
Mobile (Child if applicable) _____	
* In the case of emergency please indicate which telephone number should be contacted first HOME / MOB	

Child's Medical Details

Doctors Name : _____	Tel No _____
Or Surgery Address : _____	
Does the child suffer from any Medical condition or allergy ? YES / NO (Please indicate)	
If YES, Please provide details : _____	

<i>If you do not wish to write details... then please ask to speak to the Child Welfare Coach.</i>	

- The Hockey activity is run on an open basis, this means that your child will be supervised whilst taking part in that activity; however, they will not be confined to the grounds or prevented from coming and going as they please.
- In the event of your child representing Timperley Hockey Club,(in a Hockey Team) it may be necessary for the Club's coaches to supervise your child at an away venue. Hence, your consent is required to allow Timperley Coaches to transport your child to an alternative venue and return them to the Timperley Clubhouse.
- Timperley sports club also seek your permission to collect and use a Photographic image involving your child (without recording the name, age or address of the child) - for the sole purpose of promoting the clubs activities. This includes any child over the age of 12.
- There are a number of risks associated with all sports which may result in accidents, whilst every effort will be made top prevent accident, participation is at own risk.

I have read and understood the information on this form and agree to any emergency First Aid treatment that may be needed whilst taking part in this activity

Signature Required

Name : _____	Relationship to child : _____
Signed : _____	Date : _____