



FACT SHEET 22

SAMPLE YEARLY MEMBERSHIP & MEDICAL CONSENT FORM

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

I give permission for my child to attend for training and playing sessions.

CHILD'S FULL NAME:

.....

ADDRESS:

.....

.....

.....

HOME TEL: **AGE:**

DATE OF BIRTH: **MALE/FEMALE (Please circle)**

NAME OF FRIEND ATTENDING:

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

IF UNAVAILABLE CONTACT:

TEL:**RELATIONSHIP TO CHILD:**

NAME AND TEL OF G.P.:

CHILDS MEDICAL NUMBER:.....

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

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.....

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

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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 or phone numbers given.

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 _____ Tennis Club has developed a child protection policy & they are commitment to ensuring the safety of my child by having;

- Codes of conduct for (1) Coaches/Volunteer Leaders (2) Children (3) Parents/Guardians
- Clear recruitment policy which includes vetting all coaches & volunteers
- A transport policy
- An anti-bulling policy
- Disciplinary procedures
- A designated person for child protection
- Guidelines on confidentiality
- A photography policy.

I give/ do not give my consent for my child to be photographed in line with this policy.
(Please delete whichever is inappropriate)

_____ Tennis Club is committed to ensuring that any information gathered in relation to our youth programme meets the specific responsibilities as set out in the Data Protection (Amendment) Act 2003. The Junior Co-ordinator will store the above information on their junior 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 & travel to all activities.

Child/Young Persons Signature

Print Name.....

Parent/Guardian Signature*

Print Name

Date

Please return this form to the relevant Coach or Manager of your age group

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