

ABERAERON SPORTS CLUB

Consent and Emergency Contact Form Open Tournament

Your details (if U18 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 parent/carer):		
Contact Details:	Phone:	
	Mobile:	
	Email:	

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

Aberaeron Open Tournament 11 - 19 August 2023
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Activities:

I give permission for the child / adult to:		
Be involved in photography and/or filming and/or social media	Yes	No
Leave the site without adult supervision (over 13 only)	Yes	No
Other (please detail)	Yes	No

Child / Adult Medical/Disability History:

Does the child / adult 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
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).		

Emergency Contact Details (if different from Parent/Carer):

Name:		
Relationship to the child or adult:		
Address:		
Contact Details:	Phone:	
	Mobile:	
	Email:	

Confirmation:

Name of parent/carer or adult (print):		Date:	
Signature:			
Consent valid for the following period (please circle):	This event only 1 week 1 month 1 year Other (please detail)		