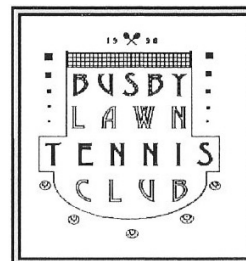


# CONSENT AND EMERGENCY CONTACT FORM



To be completed by the parent/carer of children aged under 18 who wish to participate in senior team practices, matches, or other senior events. Where the term parent/carer is used, this refers to the adult that has legal responsibility for this child.

Details on this form will be held securely and will only be shared with team captains, coaches or with other Club representatives who need this information in order to meet the specific needs of your child and to ensure they can enjoy this activity safely. The Club will keep this information safe for as long as your child is an active member of the club and/or aged under 18.

Details of the activity/event (including repeating events)	
Name of child	
Please provide details of any relevant disabilities, health issues or injuries that the Club representative needs to know about.	
Please provide any extra information that will help us make this accessible for your child i.e., dietary requirements	
Please confirm how the Club representatives can contact your child: -please tick to indicate your preferred option	<input type="checkbox"/> Option 1-Only through a named parent/carer <input type="checkbox"/> Option 2-By contacting my child directly
Option 1-What methods can be used for contact: -please tick all preferences	<input type="checkbox"/> By mobile phone/landline <input type="checkbox"/> Through joining a WhatsApp group <input type="checkbox"/> By email
Option 2-What methods can be used for contact: -please tick all preferences	<input type="checkbox"/> By mobile phone/landline <input type="checkbox"/> Through joining a WhatsApp group (min. age 16) <input type="checkbox"/> By email

**OPTION 1 SELECTED: - CONTACT INFORMATION-PARENT/CARER****This person will also be used as the emergency contact**

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

**OPTION 2 SELECTED: - CONTACT INFORMATION-CHILD**

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

It may be essential at some time for a responsible adult accompanying your child to have the necessary authority to obtain any urgent treatment which may be required whilst at a tennis activity, competition or event.

I, \_\_\_\_\_ being the parent/carer of the above named child hereby give permission for the responsible adult to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I give permission for my child (named overleaf) to take part in the named activity.

Signature of consent by parent/carer:	
Name:	
Date:	