

Victoria LTC Consent and Emergency Contact Form



Please complete form digitally and return to johncooksleytennis@yahoo.com

Please make payment to: John Cooksley, sort code 60-23-06, account number 75213028

Your details (if U18 must be the parent/carer)

Name:		
Address:		
Emergency contact details:	Home:	E-mail:
	Mobile:	

Details of the child/adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Home:	E-mail:
	Mobile:	

I give permission for the child/adult to:	Yes	No
Be involved in photography and/or filming		

Child/adult medical/disability history

Does the child/adult have:	Yes	No
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?		
Any access needs?		
Any religious or spiritual practices we should be aware of?		
Any dietary needs we should be aware of?		
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.		

Confirmation

Name of parent/carer or adult (print):		Date:		Signature:	
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