



Consent and Emergency Contact Form

Your details (if U18 please enter parent/carer details here)

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

Details of the child (If form for member who is U18)

Name:		
Date of birth:		
Address:		
Contact details:	Phone; Mobile:	Email:

Activities

I give permission for myself/my child to:		
Be involved in photography and/or filming	YES	NO
Travel by any form of public transport or private transport to attend competitions/visit other clubs	YES	NO



Child/Adult Medical/Disability History

Do you/your child 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
Anything else which we should be aware of?	YES NO
If yes to any of the above, please provide full details INCLUDING ANY MEDICATION THAT IS TAKEN REGULARLY	

Emergency Contact Details

Name:		
Relationship to the member:		
Address:		
Contact details:	Phone; Mobile:	Email:

Confirmation

Name of parent/carer or adult		Date	
Signature: On signing this form, I confirm the person named above is well enough to undertake any activity at LTSC			