## STEYNING TENNIS CLUB

## Consent and Emergency Contact Form

**Your details (if under 18 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 the parent/carer): |  |
| Contact details (if different from the parent/carer):  | Phone:Mobile: | Email: |

**Activities**

|  |
| --- |
| **I give permission for the child / adult to:** |
| Be involved in photography and/or filming.  | Yes No |
| Travel by any form of public transport or in a motor vehicle. | Yes No |
| Other (please detail) | Yes No |

## Child / Adult Medical/Disability History

|  |
| --- |
| **Does the child /adult have:** |
| Any health needs we should be aware of (e.g. diabetes, asthma, epilepsy, allergies)? | 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 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  | **This consent form will be valid for the 2021-2022 club season and for all classes and events in which a child will be involved.** |