



Veryan & Roseland Tennis Club

Child Protection Form

Name of Parent/Guardian			
Name of Child (under 18)		Date of Birth	
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Name of Child (under 18)		Date of Birth	

Use same address as already held for Membership of Parent/Guardian ☐ or please complete below

Address	Telephone	E-mail
	Home	
	Mobile	

Please note that the Lawn Tennis Association (LTA) does not recommend that junior Members under the age of 13 should be left unattended whilst playing tennis unless agreed with the coaching staff beforehand.

The Veryan & Roseland Tennis Club (VRTC) Contact list is circulated to all club members via e-mail, please tick as appropriate if you agree or not to your child's name being included in the contact list.

☐ Yes I agree

☐ No I do not agree

VRTC publicises events and takes photographs for publicity purposes:

I give permission/do not give permission (please delete as appropriate) for my child/children to be involved in publicity, including photographs, recording, filming for TV, video and VRTC & LTA / Tennis Foundation material. I understand that all images, film and sound recording produced are in accordance with the Recording and Publishing Images section of the VRTC Safeguarding Children and Young People Policy.

Signed (Parent/Guardian)

Date

Please post or pass signed copy of Child Protection Form and Medical/Emergency Contact Information to: Mrs Tina Prestwood, Treludruss, Ruan Lanihorne, Truro, TR2 5NX.

If you have any concerns please contact the Child and Vulnerable Adult Protection Officer, Tina Prestwood: 01872 501982 or 07817 469314, email: tinaprestwood@hotmail.co.uk

VRTC MEDICAL/EMERGENCY CONTACT INFORMATION

(please complete separate form for each child)

Name of Child	
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In case of emergency Parent/Guardian will be contacted

If Parent/Guardian not contactable then please give an alternative contact:

Name of contact			
Relationship to child			
Home Phone		Mobile Phone	

In case of an emergency please give GP /doctor's details and if the child has any medical conditions/needs/allergies:

Name of GP/Doctor	
Address	
Phone	

Medical Information:

Please list any allergies to medication/ food/ insect bites for each child			
Please list any condition requiring medication and times medication to be taken for each child.		Is help required to administer medication?	
In an emergency, please indicate whether medical staff should withhold any treatment on religious ground?		Is help required to administer treatment?	
Please list any special dietary needs for each child.			
Please provide any other relevant information			