

Your details (if U18 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:

Details of the event/trip the adult or child will be attending

Tennis Activities

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

<p>first aiders and key officers of venue /Club as necessary. Players details may be shared for the purpose of organising safe tennis activities e.g. with club captains</p> <p>Is it OK for MPTC to contact you by phone?</p> <p>Is it OK for MPTC to contact you by email ?</p>	<p>Yes No</p> <p>Yes No</p>
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Child / Adult Medical/Disability History

Does the child / adult have:	
Any health issues (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
Any dietary needs 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 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 – PLEASE SIGN

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period (please circle)	1 year / Just this Event 1 week (Players / Parents are responsible for updating medical conditions (if appropriate) and any changes of address or contact details)	Other (Please detail)	

