

PARENT/CARER ANNUAL CONSENT & AGREEMENT

A Details of Activities: CLUB NIGHTS, MATCHES, EVENTS FROM MARCH 2019

I, (Please PRINT name of Parent/Carer)..... consent to

(please PRINT name of child/U18).....(Birth Date..... /...../.....)

taking part in these activities in accordance with any appropriate itineraries, procedures and rules of the Club (www.allsaintsbc.co.uk) ; I acknowledge in particular the need for all involved to behave responsibly.

B Emergency contacts: NAME 1 (please PRINT).....

Contact telephone numbers including national codes

Work..... Work Mobile.....

Home Mobile..... Email Address.....

Home Address.....

NAME 2 (please PRINT)

Contact telephone numbers including national codes:

Work..... Work Mobile.....

Home Mobile..... Email Address.....

Home Address.....

C Medical Information about your child/U18

a. Any conditions requiring medical treatment including medication? YES / NO (circle correct answer, cross out the other)

IF YES PLEASE GIVE BRIEF DETAILS:

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b. Please outline any special dietary requirements of your child and the type of pain/flu symptoms relief medication that your child may be given.

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D

I agree to my child's Name, Birth Date, Address & my Phone No & Email being added to Badminton England Data Base which I understand is a requirement of Badminton England

SIGNED.....DATE...../...../.....