

PARENT/CARER ANNUAL CONSENT & AGREEMENT

A Details of Activities: CLUB NIGHTS, MATCHES, EVENTS FROM SEPTEMBER 2017

I, (Please PRINT).....(PARENT/CARER) consent to

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

taking part in these activities. I agree to their participation as described in any itineraries, procedures and rules of the Club (www.allsaintsbc.co.uk); I acknowledge, particularly, that they need to behave responsibly.

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

Contact telephone numbers including national codes

Work.....

Work Mobile.....

Home Mobile.....

Home Address.....

.....

NAME 2 (please PRINT) .....

Contact telephone numbers including national codes:

Work.....

Work Mobile.....

Home Mobile.....

Home Address.....

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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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SIGNED.....PRINT NAME.....DATE.....

If possible, please provide a suitable Parent/Carer email address on the line below:-

..... [File Code 2017 09 02]