

# Consent Form

This form should be completed and signed before any activity or trip takes place and should be retained by the activity organizer/coach.

Name of child.....  
 Date of birth.....  
 Parent/Carer.....

Details of Activity.....  
 .....  
 .....

Address: Please give your home address and phone numbers. If you will be away from home during the trip please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Address:**.....  
 .....  
 .....  
 .....  
**Post Code:**.....  
**Tel (day)**~.....**(eve):**.....  
 .....  
**Mobile:**.....

**Alternative Contact Name & Address:**  
 .....  
 .....  
 .....  
**Post Code:**.....  
**Tel (day):**.....**(eve):**.....  
**Mobile:**.....  
**Relationship to child:**.....

**Consent, please read carefully:**

- I have had the activities of the Club explained and agree to my son/daughter taking part in these activities.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I confirm that my son/daughter is not subject to any court order prohibiting publication of their image.
- I consent to my son/daughter traveling by any form of public transport, minibuss or motor vehicle driven by a club coach or any other designated adult attending, to any event in which the club is participating.
- I agree to be at the pick-up/drop-off point at the agreed time.
- I understand that the Club or Organizers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organized activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organizers.
- In your child’s interests, it is important that the organizing staff should know whether he or she suffers from any illness of medical condition. Please use the space below to state in confidence any health or other matter concerning your child or which accompanying club members should be aware. Please also indicate if your child is receiving any medication, with details and dosage, and/or specific dietary requirements.

**Please state medical condition and/or medication**  
 .....  
 .....  
 .....  
 .....

**Family Doctor**.....  
**Doctor’s Tel No.**.....  
**Signed: Parent/Guardian**.....  
**Date:**.....