

Consent and Emergency Contact Form for Activities at Prestbury Tennis and with Star Tennis LTD.

All information is confidential and is accessible only by your coach and accessible for emergencies.

Please hand to Coach or Captain before you're the start of the coaching course, match or event.

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:

What session or event is the child attending...e.g. Mini Tennis Coaching, Schools Festival Comp etc.

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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
Walk Home	Yes	No
Who will pick your child up on regular basis ?.....		
Telephone Number if not parent / guardian written above ?		
Privacy Statement ...		
Star Tennis will keep your personal data stored in a secure file for the purpose of safety and for		

<p>emergencies e.g. if there are any medical problems. Data collated will be seen only by coaches, first aiders and key officers of Prestbury Tennis Club as necessary. Players details may be shared for the purpose of organising safe tennis activities e.g. with Prestbury Tennis Club captains</p> <p>Is it OK for Star Tennis to contact you by phone?</p> <p>Is it OK for Star Tennis 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 (Players / Parents are responsible for updating medical conditions if appropriate)	THANK YOU !!	

