## Cringleford Tennis - Logo - Print Ready - PNG - 290914

## Cringleford Tennis Club

## Consent and Emergency Contact Form

**Parent/carer Details**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Contact details: | Phone:Mobile: | Email: |

**Details of the child**

|  |  |
| --- | --- |
| 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 the child will be attending**

|  |
| --- |
|  |

**Activities**

|  |
| --- |
| **I give permission for the child 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 |

## Child Medical/Disability History

|  |
| --- |
| **Does the child have:** |
| Any health needs (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.  |  |

## Emergency Contact Details (if different from Parent/Carer)

|  |  |
| --- | --- |
| Name: |  |
| Relationship to the child: |  |
| Address: |  |
| Contact details: | Phone:Mobile: | Email: |

## Confirmation

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent/carer (print): |  | Date |  |
| Signature: |  |
| Consent valid for the following period (please circle) | **This event only****1 week** **1 month** | **1 year****Other (please detail):** |