

HAMILTON LAWN TENNIS CLUB

Parental Consent Form

PART A

Club: HAMILTON LAWN TENNIS CLUB Club 01664 562204
Contact Phone Numbers: Coaches Brent 07903 046086 Di 07841 380410
Child Protection Officer Matthew White 07704 435907 or 01664 565874

With a thriving Junior Section, the Club and the Coaches are always looking to ensure that the Club environment is a safe and secure place for your children. To assist us in our efforts we would be grateful if you would complete and return PART B with your Renewal Form and membership fees. If you are late picking your child up from the Club for any reason please inform one of our coaches on the numbers listed above. From time to time photographs of events at the Club may be passed to the press. Please confirm you are in agreement with this.

The information on the form is regarded as strictly confidential.

PART B - to be completed by the parent or guardian. (Please use BLOCK CAPITALS)

For each child:

Forename	Surname	Date of Birth	Girl/Boy

Address	
	Postcode
E-mail	
Home Telephone No	
Emergency Telephone No	

Doctor's Details:

Name	
Address	
Telephone No	

Details of any treatment/diet taken or followed:

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Details of any health factors that may restrict full participation in tennis club activities:

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Details of any known allergies/sensitivities (eg plasters):

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- I certify that the above information is, to the best of my knowledge, correct and undertake to notify the person in charge of any changes as soon as they occur.
- I give permission for my child(ren) above to attend and take part in the Club's normal activities including travel to away matches
- In the event of illness or accident I authorise the person in charge to sign on my behalf any written consent for treatment or medication required if the delay required to obtain my signature is considered inadvisable by the doctor concerned. I also authorise the person in charge to administer medication as prescribed by a doctor to my child as necessary.
I do / do not** agree to my child(ren) being photographed and copies sent to the press. (** delete as appropriate)

Signed: Date:

Name (BLOCK CAPITALS):

Relationship to child(ren):