

PARENT/GUARDIAN/CARER CONSENT FORM

**Please complete the following, sign and return to:
Junior Officer**

Name of Child Date of Birth

Confirm that they are a member of WWKC for 2018/2019.....

Parent/ Guardian / Carer

.....

Address:

.....

Mobile: e-mail:

Alternate Emergency contact number.....

Family Doctor Doctor's Tel No:

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication)

.....

Please provide details of medication that must be administered:

.....

Emergency contact details: (If different from above)

Name: Telephone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the club.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Signed (Parent/ Guardian/Carer)

Date: