

## Stourbridge Lawn Tennis and Squash Club

## **Parental Consent Form**

Required for all members under the age of 18

## Participation in tennis/squash/racketball coaching at Stourbridge Lawn Tennis & Squash Club

The information you supply in this form is important in the event of an accident, illness or other emergency. It will only be used by the people responsible for safeguarding your child in relation to the club's activities. This form must be completed prior to participation and be updated, if there are any changes and or at the end of the event. Please complete in BLOCK CAPITALS and return as advised.

**Child's Personal Details** 

Last Name:		First Name:			
Date of Birth:		Age:			
Address:					
Postcode: Email address:					
		Mobile:			
Home:		Mobile:			
Event Information  Event name Date/s Times to and from					
Event name	Event name		Times to and from		
Details For First Person We Should Contact In An Emergency					
			3 3 3 7		
Last Name:			First Name:		
Relationship to child:					
Address:					
Address.					
Postcode:					
Email address:					
Home:	Mobile		Work:		
Details for Second Person	We Should Cont	act In An Emerg	ency (if first is not available)		
Details for Second Ferson	We Should cont	det iii Aii Eilieig	chey (ii mist is not available)		
Last Name:		First Name:			
Relationship to child:					
Address:					
Postcode: Email address:					
	Mahila		Weste		
Home:	Mobile		Work:		
			•		

Medical Information				
Please list any medical details that you feel we should know about, such as asthma, heart complaints, diabetes, epilepsy etc.				
Is your child on any medication to treat the above conditions:				
If so, please supply details:				
Doctor's name & address:		Doctor's telephone number:		
Does your child have any known allergies such as a reaction to penicillin?				
If so, please supply details:				
Parent or Guardian Consent Declaration				
<ul> <li>My child is in good health and I consider him/her capable of taking part in the above activities. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anesthetics.</li> <li>I will ensure that my child will wear appropriate clothing for the sport played and will wear protective eyewear when playing squash or racketball as recommended by England Squash. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.</li> <li>I give my permission for my child to be carried in another person's vehicle, for the purposes of matches and or to be driven alone if the situation</li> </ul>				
<ul> <li>becomes unavoidable.</li> <li>I give consent to my child's performance being generally publicised as necessary and that such material can be contained on the Internet to include the following;</li> </ul>				
<ul> <li>I will encourage My Son/Daughter to respect club facilities and venues visited, associated with this visit and actively support fair and safe play during the event.</li> </ul>				
SLTSC recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people. SLTSC will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform SLTSC immediately.				
I give permission (tick to confirm consent) for my child's images to be used for display purposes as below;  my child's photograph to be used within SLTSC printed publications my child's photograph to be used on social media pages and SLTSC website my child to be videoed for use on social media pages my child to be videoed for use on SLTSC website				
I understand (tick to confirm consent):  □ the potential risks associated with the use and distribution of these images □ how these images or videos will be stored within the organisation and how long for □ that if I withdraw consent for my child's image to be used or shared in the future, it may not be possible to remove images that have already been published or distributed □ that at many events, the county and others will reasonably wish to take wide angle, general photos during or at specific points in the event that I must gain permission before sharing photographs/videos of other people's children on social media				
Print name of parent:				
Signature:				
Date:				