## Consent and Emergency Contact Form

**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: |

**Details of the events / trips that the child / adult will be attending**

|  |
| --- |
| Any coaching or events that are organised / run by Wollaston Lawn Tennis Club |

**Club Details (The Club)**

|  |
| --- |
| Wollaston Lawn Tennis Club (WLTC)  Prestwood Drive  Wollaston  Stourbridge  West Midlands |

**Activities**

|  |  |
| --- | --- |
| **I give permission for the child / adult to:** | |
| Be involved in photography and/or filming for use in the promotion of the Club, eg The Club’s Website, The Club’s Facebook Page, Club Articles in Local Newspapers, TV etc | Yes No |
| Travel by any form of public transport or in a motor vehicle. | Yes No |
| Other (please detail) | Yes No |

## Child / Adult Medical/Disability History

|  |  |  |
| --- | --- | --- |
| **Does the child /adult 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. (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

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parent/carer or adult (print): |  | Date |  |
| Signature: |  | | |

This information and consents will be considered valid unless you inform Wollaston LTC of any changes.