



PARENTAL CONSENT FORM

All Southwell Squash Club sessions (including club nights, coaching, competitions, internal leagues, tournaments, and friendly matches) involving junior members are run under the guidance of coaches qualifying for/qualified to appropriate England Squash & Racketball standards and/or experienced adult squash players.

Name of Child:	Date of Birth:
Parent/Guardian/Carer:	
Address:	
Postcode:	Contact Tel No:
E-mail address:	
Emergency Contact Tel No:	
(the number you can be contacted	ed at all times during Junior Club Nights)
Family Doctor:	Doctor's Tel No:
Does your child suffer from any medical conditions (asthma, epileptic fits, allergies)? If so please	
provide details below (including details of medication that must be administered):	

CONSENT:

I, the undersigned, give permission for the above named child to:

- a) participate in the activities of the Club including Junior Squash Club Nights, coaching and Junior competitions during the 2013-14 season and that I understand it is a requirement for him/her to wear protective eyewear at all times whilst on court during these activities,
- b) receive any medical treatment required and for the doctor or surgeon to make any medical decisions necessary, including administering an anaesthetic.
- c) travel (if applicable) by any form of public transport, minibus or motor vehicle driven by a Club Coach or any other parent attending, to any event in which the Club is participating.
- d) be included in any photographs or video recording to be taken during Junior Squash Club activities.

I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the Club's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Data Protection Act:

Southwell Squash Club will hold this information for the purpose of managing and administering Junior squash club activities. Your details will not be passed on to third parties.

Please return to:

Helen Walters or Gordon Stewart, Junior Squash Coordinators, Southwell Squash Club

Southwell Squash Club Junior Squash Parental Consent Form 2013-14 v1.00