



Child Personal Information and Parental Consent Form

Dear Parent/Carer,

This form has been designed to collect information on junior members to ensure their needs are met whilst in the care of table tennis staff/volunteers, it will provide the club/league/county/region/national (delete where applicable) organisers with vital contact details and medical information in case of accident/illness.

The information contained will be used only for administrative purposes and will remain confidential and will only be made available to those persons responsible for your child at any given time. Please complete questions in BLOCK CAPITALS and ensure all writing is legible.

PERSONAL DETAILS OF PARTICIPANT:

| | |
|-------------------|---------------|
| Surname. | First Name. |
| Date of Birth. | Male / Female |
| Address | |
| inc.Postcode | |
| Telephone Numbers | Home |
| | Mobile |

EMERGENCY CONTACT DETAILS:

| | |
|------------------------|-------------|
| Surname. | First Name. |
| Relationship to child. | |
| Address | |
| inc.Postcode | |
| Telephone Numbers | Home |
| | Mobile |
| | Work |



MEDICAL INFORMATION:

| |
|---|
| <p>Does your child have any specific medical conditions requiring medical treatment and/or medication?</p> |
| <p>Are there any other medical details you feel we should know about?</p> |
| <p>Does your child suffer from any allergies? If yes please detail and treatment required.</p> |
| <p>Please provide details of the type of pain medication that may be given to your child and if you authorise staff to give it;</p> <p>IParent/carer of</p> <p>Give permission for staff accompanying my child to administer the pain medication as detailed above.</p> <p>Signed.....Date.....</p> |



| |
|---|
| <p>Does your child have any special dietary needs? YES / NO If yes please specify;</p> |
| <p>Do you have any specific religious requirements? YES / NO If yes please specify:</p> |

| | |
|--|--|
| General Practitioners (Doctor's) Name | |
| Address | |
| inc Postcode | |
| Telephone Number | |

I acknowledge that the club/league/region/national association (delete where applicable) will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child whilst in their care. I understand that the coaches/responsible adults have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Junior Player's Code of Conduct and agree that my child should abide by this whilst in the care of the club/league/region/national association (delete where applicable) and I understand that a serious or continued breach of this Code may result in my child being sent home early at my expense.

I confirm that I have also read the Parent/Carers Code of Conduct and, in signing this form below I agree to abide by the Code.

I am aware that photographs may be taken for promotional purposes and do/do not (delete as applicable) give consent for my child to feature in such photos.

| | |
|---|--|
| <p>Parent/Guardian/Carer Name Must be person with parental responsibility</p> | |
| <p>Signature of Parent/Guardian/Carer and date</p> | |