

**TTW 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 or 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 or 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:	
Postcode:	
Telephone Numbers	Home: Mobile:

**EMERGENCY CONTACT DETAILS:**

Surname:	First Name:
Date of Birth:	Male / Female
Address:	
Postcode:	
Telephone Numbers	Home: Mobile: Work:

**MEDICAL INFORMATION:**

Does your child have any specific medical conditions requiring medical treatment and/or medication?

Are there any other medical details you feel we should know about?

Does your child suffer from any allergies? If yes, please detail and treatment required.

Please provide details of the type of pain medication that may be given to your child and if you authorise staff to give it;

I .....Parent/carer of .....

Give permission for staff accompanying my child to administer the pain medication as detailed above.

Signed.....Date.....

Does your child have any special dietary needs? YES / NO  
If yes, please specify;

Do you have any specific religious requirements? YES / NO  
If yes, please specify:

General Practitioners (Doctor's) Name	
Address	
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 and/or 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.

Parent/Guardian/Carer Name Must be person with parental responsibility	
Signature of Parent/Guardian/Carer and date	