



Please complete the following, sign and return to: Matt McPherson (07958 321655)

Name of Child	
Date of Birth	
Parent/ Guardian	
Address (inc. Postcode)	
Tel (evening):	
Tel (day):	
Mobile	
e-mail	
Medical Details	
Family Doctor	
Doctor's Tel No	
Does your child suffer from any medical conditions/allergies that the Club/ coach should be aware of (including any current medication)?	
Please provide details of medication that must be administered	
Emergency contact details: (If different from above) Name	
Telephone Number	
Relationship to child	

CONSENT (please read carefully:

- a) I agree to my son/ daughter taking part in the activities of the Club.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter travelling 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) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the Clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Signed (Parent/ Guardian)

Date:

PTO

Consent form for the use of photographs or video

West Wales Tropics Basketball Club recognises the need to ensure the welfare and safety of all young people in sport.

We will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children.

The Club will on occasion take photographs and/or video images for training purposes and also for use on our website www.westwalestropics.co.uk and for reports sent in to local newspapers etc. Any film/photos will only be taken by a person who has been CRB checked by the Club.

The Club will take all 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 a Club official immediately.

Child to complete

I (Print name of child)

Consent/Do not consent to West Wales Tropics photographing/videoing my involvement in basketball.

Signed Date:

Parent/Guardian to complete

I (Print name of parent/guardian)

Consent/Do not Consent to West Wales Tropics photographing/videoing
..... (Print name of child)

Signed Date:

www.westwalestropics.co.uk