

# **BRENTWOOD HARD COURT TENNIS AND PADEL CLUB**

# **Consent and Emergency Contact Form**

Your details (if U18 must be the parent/carer)

Name:			
Address:			
Ocate de detelle	Phone:	F 11.	
Contact details:	Mobile:	Email:	
Details of the child/adult (if di	fferent)	·	
Name:			
Date of birth:			
Address (if different from the parent/carer):			
Contact details (if different	Phone:		
from the parent/carer):	Mobile:	Email:	
Details of the event/trip the ch	nild/adult will be atter	nding	
Activities			

I give permission for the child/adult to:		
Be involved in photography and/or filming.	Yes	No
Travel by any form of public transport or in a motor vehicle.	Yes	No
Other (please detail)	Yes	No
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### **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 we should be aware of?		Yes	No
Any religious or spiritual practices we should	d 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:		
2. Address:		
Contact details:	Phone: Mobile:	Email:

## Confirmation

Name of parent/carer or adult (print):			Date	
Signature:				
Consent valid for the	This event only	1 yea		4-:1).
following period (please circle)	1 week	Otne	er (please de	taii):
	1 month			

