



# RACKETBALL & SQUASH CONSENT FORM

## Confidentiality

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet your/your child's specific needs,

**If you have any symptoms of Covid-19 please let us know and DO NOT come to the Club**

|  |                                  |                        |             |
|--|----------------------------------|------------------------|-------------|
| Name   |                                  |                        |             |
| Address  |                                  |                        |             |
| Date of Birth  | (if under18)                     |                        |             |
| Gender   | Male / Female / Unspecified      |                        |             |
| Date of last tetanus injection (if under18)                            |                                  |                        |             |
| Day time Tel #   |                                  | Mobile #               |             |
| Email address  |                                  |                        |             |
| <b>EMERGENCY CONTACT INFORMATION</b>                                   |                                  |                        |             |
| Name of a contact for emergency  |                                  | Relationship to person |             |
| Day time #   |                                  | Mobile #               |             |
| <b>MEDICAL INFORMATION</b>   |                                  |                        |             |
| Any specific medical conditions requiring medical treatment?           | <b>Yes - Please give details</b> |                        | <b>No</b>   |
| Details of medication required (pain/flu/inhaler):                     |                                  |                        |             |
| Any specific medical condition or disability?                          | <b>Yes - Please give details</b> |                        | <b>No</b>   |
| Please confirm if there any activities that you cannot participate in? | <b>Yes - Please give details</b> |                        | <b>No</b>   |
| Any allergies?   | <b>Yes - Please give details</b> |                        | <b>No</b>   |
| Details of any dietary requirements (vegan/vegetarian):                | <b>Yes - Please give details</b> |                        | <b>None</b> |

# WENDOVER TENNIS & SQUASH CLUB



**CONSENT INFORMATION:** *please tick the boxes below*

- I give my consent that if an emergency medical situation arises, the club/coach may take appropriate action
  
- I understand and agree to adhere to the current Covid-19 Polices as detailed in England Squash's 'Ways To Play' Document on our website  
  
specifically
  
- I give consent to me/my child to be allocated to a group bubble for coaching purposes
- I understand that I/my child may only play with members of our household or respective bubbles outside of coaching sessions whilst this ruling is in force
  
- I understand that I must supply all my own equipment including goggles, racket, shoes and water and that I will not be allowed to participate in a coaching session without them

**I confirm that I have read, or been made aware of Wendover Tennis and Squash Club's policies concerning:**

- Codes of conduct for parents, coaches, children & young people.
  
- I agree to allow photographs or videos being shared with in the club's website or Facebook only with the purpose of promoting Squash and Wendover Squash Club

|   |  |
|---|--|
| <b>Signature</b>  |  |
| <b>Print name</b>   |  |
| <b>Please specify relationship if applicant is under 18 - Parent/Guardian</b> |  |
| <b>Date</b>   |  |
| <b>Coach Signature</b>  |  |
| <b>Print name</b>   |  |
| <b>Date</b>   |  |

**WENDOVER TENNIS  
& SQUASH CLUB**

