



# 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,

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?	Yes - Please give details		No
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes - Please give details		No
Please confirm if there any activities that you cannot participate in?	Yes - Please give details		No
Any allergies?	Yes - Please give details		No

# WENDOVER TENNIS & SQUASH CLUB



Details of any dietary requirements (vegan/vegetarian):	<b>Yes</b> - Please give details	<b>None</b>
<b>CONSENT INFORMATION:</b> <i>please tick the boxes below</i>		
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the club/coach may take appropriate action		
<input type="checkbox"/> <b>I confirm that I have read, or been made aware of Wendover Tennis and Squash Club's policies concerning:</b>		
<input type="checkbox"/> Codes of conduct for parents, coaches, children & young people.		
<input type="checkbox"/> 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>		