|  |  |
| --- | --- |
| Child’s name |  |
| Date of Birth |  |
| Address |  |
| Parent’s name |  |
| Contact Number(s): |  |
| Email |  |
| School/College |  |
| Does your child have any allergies?: |  |
| Does your child need any regular medication or treatment? |  |
| When was your child last vaccinated against Tetanus? |  |

Please read before signing

I will inform the club if any of the above information changes. I am pleased to allow my son/daughter to participate in Lytham St Annes Hockey Club fixtures, coaching and training sessions. I consider my son/daughter to be physically fit and capable of full participation. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. In the event of the club being unable to contact me, **I give consent** for the Coach, or other responsible adult to act on my behalf.

I consent to my child travelling to venues for matches and or training by transport provided by the club which may include travelling in other players or club official's cars.

I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Lytham St Annes HC. Such images shall only be used for publicity/training purposes and I give my consent for my son/daughter to feature in such photos/images. I hereby only grant approved agents the right to use such images. This includes any reproductions or adaptations of the images for all general purposes. E.g. local newspapers, local magazines and other promotional articles (inc. flyers) and the Club’s website.

|  |  |
| --- | --- |
| Name (print) |  |
| Signature |  |
| Date |  |