



## East Kilbride Table Tennis Parental Consent Form

This parental consent form should be completed, signed and returned to the East Kilbride Table Tennis Club by all juniors (under 18).

**Please complete the following, sign and return to the East Kilbride Table Tennis Club:**

Peter Connolly 123, Falkland Drive East Kilbride G74 1EJ

<b>Name of child:</b>	<b>Date of Birth:</b>
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<b>Parent/Guardian</b>
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<b>Address:</b>
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<b>Tel (day):</b>
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<b>Tel (evening):</b>
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<b>Mobile:</b>
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<b>E-Mail:</b>
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<b>Family Doctor:</b>
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<b>Doctor's Tel No:</b>
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Does your child suffer from any medical conditions/allergies that the club/coach should be aware of (including any current medication)?
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Please provide details of medication that must be administered in an emergency:
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EMERGENCY CONTACT DETAILS: (If different from above)

<b>Name:</b>	<b>Tel:</b>
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<b>Relationship to child:</b>
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**CONSENT, please read carefully:**

- a) I agree to my son/daughter taking part in the ..... competition held on ..... at ..... Sports Centre,
- 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 traveling by any form of public transport, minibus or motor vehicle driven by an EKTTC official or any other parent attending the Inter League competition.
- d) I understand that the EKTTC or organizers of the ..... accept no responsibility for loss, damage or injury caused by or during attendance at the event except where such loss, damage or injury can be shown to result directly from the negligence of the EKTTC or the organisers.
- e) I understand that if my son/daughter's medical information changes, it will be my responsibility to inform the EKTTC of these changes.
- f) I give permission to the relevant official of the EKTTC to make such emergency decisions as necessary with regard to the treatment of any medial condition or injury received during any activity until such time as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of the member should the need arise, and I am unable to be contacted immediately (anaesthetics etc)
- g) From time to time photographs or filming may be taken of activities for promotional purposes, i.e. posters, press releases. If you have any objections to your child being photographed, please inform us in writing

Signed (Parent/Guardian) ..... Date.....