



## Sprocket Rocket & Consent Form

*Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.*

I give permission for my child to attend for training/coaching sessions.

**CHILD'S FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **MALE/FEMALE (Please circle)**

**AFFILIATED CLUB:** \_\_\_\_\_ **EMERGENCY TEL:** \_\_\_\_\_

**IF UNAVAILABLE CONTACT:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **RELATIONSHIP TO CHILD:** \_\_\_\_\_

**NAME AND TEL OF G.P.:** \_\_\_\_\_

**DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. I give permission for appropriate photographs/videos to be taken to promote the sport. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. We have received and accept the clubs Code of Conduct.

***I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in all activities.***

Signature: \_\_\_\_\_ Parent/Guardian

Print Name \_\_\_\_\_ Date: \_\_\_\_\_