Driffield Striders - Juniors

 Consent Form

My child is in good health and capable of taking part in club activities. I consent in the event of an accident/illness any necessary treatment can be administered that are necessary in the opinion of a medically qualified practitioner. I understand whilst every precaution will be taken to ensure accidents do not happen the club can not be held responsible for any loss or damage, or injury to my child.

I agree that my child will respect and follow instructions and rules applied during the activities for the wellbeing and safety of others and themselves.

Childs Details

Name

Age DOB

Address

Any health concerns

…………………………………………………………………………………………………………………………………………………………………………………………………………..

Action to be taken (club members cannot be held responsible for administering medication)

Parent/Carer - Name

……………………………………………………………………………………………………………………………………………………………………………………………………

Address if different from above

…………………………………………………………………………………………………………………………………………………………………………………………………..

CONTACT NO.

Email

Doctor

Signed Date

6 X1hr sessions £9 PLEASE place payment in envelope with childs name on and

 leave in collection box on first session. Thank you

Date of 1st session

Please email form to isobelge@hotmail.co.uk **an email confirming an allocated place will be**

 **sent**

Data on this form will only be held by Club organiser and will be returned on request or destroyed when no longer applicable. This data will only be shared with health practitioners if necessary.