

WILTSHIRE TENNIS - County Cup 2022

Consent and Emergency Contact Form



DETAILS OF THE EVENTS/ACTIVITIES/COMPETITIONS THE PLAYER WILL BE ATTENDING

WILTSHIRE TENNIS - COUNTY CUP 2022

DETAILS OF THE CHILD U18 PLAYER SELECTED FOR THE COUNTY CUP EVENT

Name:		
Date of birth:		
LTA Number		
Address (
Contact details (Phone: Mobile:	Email:

CONTACT DETAILS OF THE PARENT/GUARDIAN

Name:		
Address: (if different from the player selected):		
Contact details (if different from player selected):	Phone: Mobile:	Email:

IN EVENT THAT THE ABOVE CONTACTS ARE UNAVAILABLE

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

PHOTOGRAPHY/FILMING AND TRANSPORT FOR THE EVENT

I give permission for the child / adult to:		
Be involved in photography and/or filming which is promotion of the activities of the County and for training purposes. These images may be used in print (for example county literature, local or regional newspapers) and online via our websites and social media.	Yes	No
To be transported to County Cup by the Team Captains	Yes	No
I give permission for my child to sit in the front passenger seat if needed to.	Yes	No

CHILD / ADULT MEDICAL/DISABILITY HISTORY

Does the child /adult have:		
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes	No
Any access needs?	Yes	No
Any religious or spiritual practices we should be aware of?	Yes	No
Any dietary needs we should be aware of?	Yes	No
Anything else which we should be aware of?	Yes	No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).		

CONFIRMATION

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period	COUNTY CUP EVENT 2022	Other (please detail):	

PLEASE RETURN
VIA EMAIL: admin@wiltshiretennis.org.uk