

SOUTH WEST VOLLEYBALL ASSOCIATION

PARENTAL CONSENT FORM



We are very pleased to welcome you to *South West Junior Training*. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to the Squad Manager or Coach. If you are under 16 please also ask your parents or guardian to sign the form before it is returned. We will also use this information to contact you. Your details will be added to the email list.

PERSONAL DETAILS

Name:

Address:

.....Postcode:

Home telephone number:

Mobile:email:

Date of birth:Gender:..... Male Female

MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g epilepsy, asthma, diabetes, etc.)

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EMERGENCY CONTACT DETAILS - TO BE COMPLETED BY PARENT/GUARDIAN

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (parent/guardian):

Emergency contact number:

By returning this completed form, I agree to my son/daughter/child in my care taking part in South West Volleyball Association Junior Training - Season 2011 - 2012

Information about training will be posted on www.swva.org.uk. I will ensure that the squad organisers are aware when my child is attending training. This can be done via the website.

I give permission/do not give permission for my child to be photographed while taking part in volleyball events.

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.

Name of parent/guardian:

Signature of parent/guardian:Date.....