



SOUTH WEST VOLLEYBALL ASSOCIATION PARENTAL CONSENT FORM

We are very pleased to welcome you to our South West Junior event (IRC training, SWJGP, SWJBT). 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, Coach or Event Organiser. If you are under 16 please ask your parent or guardian to sign the form before it is returned. All Information about junior events will be posted on the web site and we will add you as a member to the SW Junior VC and to the SWVA email list. Unless stated, all events are run by the SW Junior VC.

PERSONAL DETAILS

Name:

Address:

..... Post Code:

Home Phone: Mobile Number:

Date of Birth: Gender: Male / Female

Local Volleyball Club: Club Coach:

MEDICAL INFORMATION & CONTACT DETAILS

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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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(s):

By returning this completed form, I agree to my son/daughter/child in my care taking part in South West Volleyball Association Junior Sessions for the current season. I will ensure that the squad organisers are aware when my child is attending training details on the web site: www.swva.org.uk

I also give permission for my son / daughter to be photographed at the event.
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.

Parent / Guardian: Signature:

Contact email Address: Date: