

MANSFIELD WHEELS ACTIVITY CENTRE

PARENTAL CONSENT FORM

Activity – Action Sports Road show / Wheeled Sports

Name of Pupil/Student _____ Date of Birth _____

Age: _____ Gender (please circle): M / F _____

Employment/Education Status: (please tick)

<input type="checkbox"/> School or College	<input type="checkbox"/> Training Scheme/New Deal
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Working

Details of Persons to Contact in an Emergency

Name of Parent/Guardian _____

Address: _____

Postcode: _____ Email (if you wish to receive further publicity): _____

Emergency Contact number (s) Home _____

Work _____ Mobile _____

Medical Information

Please list any medical condition, allergies or disabilities that we should be aware of. List any medication needed to ensure participants have the correct medication and equipment with them.

eg . inhalers _____

Photographs

Occasionally, photographs of sports and leisure sessions may be taken for the purposes of general publicity by authorised staff. If you do not consent to photographs being used in this way then please put a cross in the box

FOR SIGNATURE (Compulsory)

I give permission for my child to participant in sports and leisure activities organised by the Club. I consent to my child receiving emergency medical treatment, on the understanding that I am contacted as soon as is reasonably possible.

Signed _____

DECLARATION (Compulsory)

