

Nunthorpe Eagles Volleyball Club Consent Form

Activity Date and Details:

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Name of Child:		Date of Birth	
Address			
Name of Parent/Guardian:			
Contact Telephone Number			
Contact Mobile Number			

Medical and other information (circle Yes/No as appropriate)

Any specific medical conditions requiring medical treatment and/or medication? Yes /No
(If Yes,give details)

Any allergies? Yes / No
(If Yes,give details)

Any contact with contagious or infectious diseases within the last four weeks? Yes / No
(If Yes,give details)

Is your child a competent swimmer? Yes / No

Please provide any special dietary requirements and the type of pain/flu medication that may be given.

Code of Conduct and Consent

I confirm that I have received the details of the above activity and consent to my child taking part in the event and activities indicated. I acknowledge that the club will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during the trip*. I understand that the party leaders have a common law duty to act in the capacity of a reasonably prudent parent and consent to them acting in the capacity of 'loco parentis' for the duration.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and instructions by the party leaders are obeyed.

I understand that if the party leaders consider that my child is guilty of serious misconduct they may require me at any time (day or night) to collect my child at my own expense.

I, _____ being parent/guardian of the above named child hereby give permission for the party leaders to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I agree to the Code of Conduct and Consent as stated above.

Signed _____ Date _____
Parental/Guardian consent