General, Medical and Consent Form for the

Gunnislake Table Tennis Club

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| --- | --- |
| Name of player |  |
| Full address |  |
| Phone number(s) |  |
| Date of birth, age and school year (if under 18) |  |
| Gender |  |

|  |  |
| --- | --- |
| If player is under 18, name of parent(s)/carer(s) |  |
| Full address (if different from above) |  |
| Phone number(s) |  |

|  |  |
| --- | --- |
| Emergency contact name |  |
| Full address (if different from above) |  |
| Phone number(s) |  |
| Relationship to player |  |

|  |  |
| --- | --- |
| Is there any medical information we should know about? |  |
| Is the player on any medication, and if so, on what medication? |  |
| Is the player disabled, and if so, what are his/her disability(ies)? |  |

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| --- | --- |
| Do you consent to photographs being taken for or by the press? |  |
| Do you consent to photographs being taken for our website? |  |
| Do you consent to the player’s name to appear with the photographs? |  |

I consent to medical treatment being given in case of a medical emergency.

I agree that any medical information may be passed on to medical emergency services, if needed.

I agree that any medical/disabled information may be discussed between staff members, for the players’ safety and to adapt any training where necessary.

Player’s signature: Parent/Carer’s signature:

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Date: ..................... Date: ..............................