

PARENTAL CONSENT

CLUB DETAILS

To be completed and signed (by the Parent or Guardian of any minor) and returned to a representative of the stated club PRIOR to the minor being permitted to take part in ANY combative or non-combative role at any event organised by the club or its representatives.

By signing below I declare that I am the Parent or Legal Guardian of the minor detailed below and I give permission for this minor to take part in events organised by the above mentioned club.

I will not hold the above mentioned club, its associates/organisers or the above named site/field/land owner responsible for any injuries, loss of life, loss or damage to equipment.

In the event of illness or injury, having parental responsibility for the minor detailed below, I give permission for medical treatment to be administered where considered necessary by a nominated first aid provider or by suitably qualified medical practitioners.

If I cannot be contacted and the minor should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I declare that I fully understand the conditions of this consent form.

NAME OF MINOR

AGE

DOB

MALE / FEMALE Please Circle One

HOME ADDRESS

PRIMARY PHONE

ALTERNATIVE PHONE

PARENT / GUARDIAN NAME

RELATIONSHIP TO MINOR

ADDRESS

PRIMARY PHONE

ALTERNATIVE PHONE

SECONDARY CONTACT PERSON

RELATIONSHIP TO MINOR

ADDRESS

PRIMARY PHONE

ALTERNATIVE PHONE

NAME OF G.P.

G.P. PHONE

Details of any known allergies, medical conditions or medication being taken.

Any other special needs and information that the club organisers should be made aware of

PARENT / GUARDIAN NAME

SIGNATURE

DATE