

SOUTHWELL RUNNING CLUB

Consent Form for people with parental responsibility

My child is in good health and I consider him/her capable of taking part in running club activities. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics, which are necessary in the opinion of a medically qualified practitioner. I also understand that, whilst Club personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered by my child.

Transport – I agree / do not agree to my son/daughter having lifts to and from events on the understanding that the Children's Officer or officials of the Committee allocate an appropriate driver.

Photographs – I agree /do not agree to photographs of my son/daughter either individual or group appearing on the Southwell Running Club website.

Person with parental responsibility

Name: - (please print)

Signature: -

CHILD'S DETAILS

Surname: -

Child's first name: -

Date of Birth: -

Address: -

Postcode

Contact tel. Numbers: -
(Mobile)

(Day)

(Evening)

Relevant Medical Information: -

Any other relevant information: -

Doctor's Name: -

Surgery's Telephone Number: -