



# Ribble Valley Netball Club

## Parental Consent Form Away trip.

Parents / Carers of players under the age of 18 are required to sign this Form.

Parent/Carer's Name	
Event /Match Name:	

### Parental Consent Statement

- I agree to my child's participation in this activity.
- I have completed medical details below, and consent that, in the event of any illness or accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.
- I understand that, while the adult officials will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury caused to my child.
- I have read the Codes of Conduct and acknowledge the need for my child to behave responsibly.

### Travel Arrangements

I agree to the transport arrangements made for my child **Y/ N**

My child will be making his/her own arrangement for getting to and from a specified site **Y/ N**

Please provide details of OWN travel to and from the event. Cost of trip will not be affected unless agreed by the club beforehand..

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### Young Person's Details\* (please PRINT clearly)

First Name		Surname	
Age		DOB	
		School Year	
Home Address			

### Young Person's Medical Information

Does your child have:

Any allergies	Yes	No	If Yes, please specify	
Medication	Yes	No	If Yes, please specify	
Any special needs	Yes	No	If Yes, please specify	
Any disability	Yes	No	If Yes, please specify	
Doctor's Name			Doctor's Surgery	
Doctor's Tel no			Surgery Address	



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*I confirm that, to the best of my knowledge, my child does not knowingly suffer from any medical condition other than those detailed above and that I will inform Ribble Valley Netball Club if this changes.*

Parent Name Printed:		Parent Signature:	
Relationship to Child:		Date:	
Emergency contact Name:		Relationship to Child:	
Contact Tel No 1		Contact Tel No 2	

## Use of Photographic and Video Images of Children/Young People

Please read our *Policy on the Use of Photographic and Video Images of children/young People*.

\*Events are expected to attract filming and shot photography, therefore please complete and return this form prior to the event.

## Statement of Parent/Carer and Young Person

*I authorise the use of images resulting from any photo or film shoot in line with the Ribble Valley Policy*

Signed by Young Person:		Signed by Parent/Carer:	
Date		Date	

\*Please use a separate form for each young person

## Payment Information

Deposit Amount    £                      Chq attached                                      Online Payment

Please ensure you include the trip name , current squad and initials on the reverse of a cheque or in the reference of the online payment e.g NOTTS U13 AJ

cheques made payable to Ribble Valley Netball Club

online payment details

**Bank:** Natwest **Acct Name:** Ribble Valley Netball Club **Sort Code:** 01 02 14 **Account Number :**25244574