



LITTLE GIANTS VOLLEYBALL CLUB

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child. Please fill out and email to littlegiantsvolleyballclub@gmail.com.

Name of child/young person:			
Address:			
Date of Birth:			
Gender:	Male	/	Female
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Medical information:			
Any specific medical conditions?	Yes: Please give details:	No:	
Any allergies?	Yes: Please give details:	No:	
Consent information: please tick the boxes below			

I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.

I confirm that I have read, or been made aware of, the organisation's policies concerning:
Photography, videoing, texting and use of social media policies

Signature of child/young person :

Print name child/young person:

Date:

Signature of parent / carer:

Print name parent / carer:

Date: